

*Patrolmen's
Benevolent
Association*

of the City of New York, Incorporated
125 Broad Street, 11th Floor
New York, NY 10004
(212) 349-7560



Funds Office

TRUSTEES
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JOHN PUGLISSI
MUBARAK ABDUL-JABBAR
JOSEPH ALEJANDRO
ROBERT W. ZINK
FUNDS ADMINISTRATOR
DAVID M. NICHOLSON

**Authorization for Use and/or Disclosure of Personal Health
Information**

Name: _____ Telephone # _____

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. Person(s) or organization authorized to disclose the health information:

2. Person(s) or organization authorized to receive the health information:

3. Description of the health information that may be used and/or disclosed:

4. Purpose for which the health information will be used and/or disclosed:

5. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to enroll in a health plan, obtain health care treatment or payment or my eligibility for benefits.
6. I understand that I may revoke this authorization at any time by providing written notice to the Office of the Funds Administrator, 125 Broad Street, 11th Floor, New York, NY 10004. I understand that my revocation will not affect any actions already taken in reliance on this authorization.
7. I understand that I may inspect or copy any information to be used or disclosed under this authorization.
8. Unless otherwise revoked in writing, this authorization will expire _____ (fill in number of days) from the date signed below OR upon the occurrence of _____ (fill in the name of event).

Signature of Individual (or Legal Representative)

Date

(Print) Individual's Name

(Print) Name of Legal Representative (if applicable)

Relationship to Individual
and Description of Authority to
Act

You may mail this form to:

The Patrolmen's Benevolent Association
Funds Office
125 Broad Street
11th Floor
New York, NY 10004

or fax it to:

(212) 385-6732