

**Department of Defense Nonappropriated Fund
Health Benefits Program**

Authorization to Use or Disclose Health Information

1. Authorization. I hereby authorize the following use or disclosure of my health information described below.
 - a. Specific description of the health information which may be used or disclosed:

 - b. The name of the person(s) and position authorized to make the requested use or disclosure:

 - c. The name of the person(s) or organization to whom the Program may make the requested use or disclosure:

 - d. The specific purpose of the requested use or disclosure (“At the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.):

2. Individual Rights. I understand:
 - a. That I may revoke this authorization at any time prior to its expiration, except to the extent that the Program has already taken action in reliance upon this authorization;

 - b. That if I wish to revoke this authorization, I must do so by notifying the office responsible for issuing the Authorization Form;

 - c. That the Program may condition my enrollment in the Program or my eligibility for benefits under the Program on my provision of an authorization requested by the Program prior to my enrollment in the Program if:
 - (1) The authorization sought is either (1) for the Program’s eligibility or enrollment determinations related to me; or (2) for its underwriting or risk rating determinations; and

Authorization to Use or Disclose Health Information (cont.)

- (2) The authorization is not for a use or disclosure of psychotherapy notes; and
 - d. That the information disclosed pursuant to this authorization is subject to redisclosure by the recipient, in which case it would no longer be protected by the terms of this authorization.
3. Expiration of Authorization. This authorization will expire on _____.
(Indicate an expiration date or an expiration event that relates to you or to the purpose of the authorized use or disclosure.)

Signature

Date

Name (Print)

Telephone Number

(Either the Individual or the Individual's Personal Representative may sign this authorization; but if the Individual's Personal Representative signs, a designation of representative, signed by the Individual, must be attached to this authorization.)