AMERICAN BENEFITS GROUP

HIPAA Authorization Representative Form

This form documents the designation of an Authorized Representative for a participant. This form authorizes the release of reimbursement claim information to the named representative.

Participant Information

Employer Name: _____ SSN: _____

Participant Name: _____ Tel: _____

Email:_____

Authorized Representative Information

Authorized Representative Name: _____ Tel: _____

Email:_____

☐ Add Authorization ☐ Remove Authorization

Expiration & Revocation and Authorized Use & Disclosure

I understand that due to HIPAA regulations, American Benefits Group will not disclose my personal health information to other parties without my written authorization or as permitted or required by law. For this reason, I authorize you to discuss and disclose my personal health information to the person(s) named above for the purpose of assisting with, or facilitating, the coordination or payment of my health benefits. I also understand that if my Authorized Representative is not a health care provider or another entity subject to federal or applicable state privacy laws, my personal health information may no longer be protected by those privacy laws and my Authorized Representative may further disclose my personal health information without my authorization. I acknowledge that my authorization is voluntary.

I understand I have the right to revoke or end this authorization at any time. I understand that if I do not wish the person(s) named to remain my Authorized Representative, I must revoke this authorization in writing by giving written notice of my decision to American Benefits Group. I understand that my revocation of this authorization will not affect any action that American Benefits Group may have taken or any information that Americna Benefits Group may have already released based upon this authorization before this authorization was received by American Benefits Group..

Signature:_____ Date: _____

Please fax completed and signed form to ABG 877-723-0147. For more information call 800-499-3539.