

Q&A for Protected Information Authorization

Keeping your health information private is probably as important to private health information held at the Service Center. The enclosed form, when completed, will authorize us to release information to the designated individual(s).

Please review the following frequently asked questions. You will find the answers to these questions helpful in completing your authorization form.

Q:	<i>What is an authorization form?</i>	A:	The Plan Use and Disclosure of Protected Information Authorization Form gives designated individual(s) the right to access your Protected Health Information.
Q:	<i>Who can be authorized to obtain my Protected Health Information?</i>	A.	As the Insured under this policy, you may authorize whomever you choose to obtain your Protected Health Information.
Q:	<i>What sections of the form do I need to complete?</i>	A:	You must complete all sections of the form. Please sign and date the form before returning it.
Q:	<i>How do I complete Section 1?</i>	A:	This section allows you to designate the type of Protected Health Information you wish to disclose. If you want only to disclose health information on certain medical conditions, please list those conditions in this section of the form.
Q:	<i>How do I complete Section 2?</i>	A:	If you would like to give all departments within the Service Center permission to disclose your health information, check the first box. If only certain departments should disclose health information, please list those departments (i.e. Finance, Customer Service, Administration). Do not list an individual's name in this section.
Q:	<i>What information do I need to provide In Section 3?</i>	A:	This is the section in which you designate the individual(s) you are authorizing to obtain your Protected Health Information. Please list their full name, relationship and address in the space provided.
Q:	<i>What do I need to do in Section 4?</i>	A:	Place a checkmark in the space provided. This will validate your request.
Q:	<i>Why is it important to sign and update the form?</i>	A:	Without your signature and date the form was signed, the authorization is not valid.
Q:	<i>How do I return my completed form?</i>	A:	Please remember to sign and date your form. Please mail the form back to: OneExchange, Benefits Administrator for Sandia National Labs P.O. Box 9122 Des Moines, IA 50306-9122