

Dear Insurance Member,

RE: Appointment of Personal Representative

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was implemented to help ensure the privacy and ease of access to your medical records, including insurance. The **Authorization to Use or Disclose Protected Health Information and Appointment of Personal Representative** form is a document that allows the Benefits Administration to share specific health insurance information with another person, such as a spouse, adult child, attorney, or family friend.

It is easy for you to grant someone access to your private insurance records. I have attached the form. If you want to appoint a representative, complete the document and return it to the Benefits Administration. See the instructions below. The form must be completed in its entirety to honor the request. All incomplete forms will be returned. Authorizations can be revoked at any time by contacting Benefits Administration.

Section A- information about the insurance member who wants to share their health insurance information.

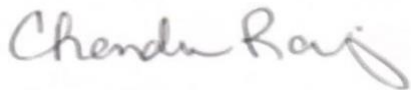
Section B- The purpose of the authorization is to “assist with healthcare coverage information.” Also, list the person you are appointing as your representative. Check all the health information the Benefits Administration can disclose to the personal representative. The federal government requires the form to have an expiration date or event. You may use a specific date or event (i.e., death, retirement, termination of coverage).

Section C- the signature of the person giving access to information and the signature of the personal representative.

If you have any questions, please contact our HIPAA Compliance Officer, Chanda Rainey, at 615- 770-6949 or Chanda.rainey@tn.gov.

Mail the completed form to Benefits Administration 312 Rosa L. Parks Avenue, Suite 1900, Nashville, TN 37243, or Fax 615-741-8196.

Sincerely,



Chanda Rainey, RHIA, CHPS
Benefits Administration HIPAA Compliance Officer