

**HIPAA Authorization for Release of Protected Health Information**



**Sun Life Financial®**

Insured/Member name \_\_\_\_\_ ID no. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Policy no. \_\_\_\_\_ Participation no. \_\_\_\_\_ Account no. \_\_\_\_\_ Certificate no. \_\_\_\_\_

**Persons/organizations providing the information:**

- Union Security Insurance Company
- Union Security Life Insurance Company of New York
- Other (Please specify.)

**Persons/organizations receiving the information:**

- Union Security Insurance Company
- Union Security Life Insurance Company of New York
- Other (Please specify.)

I hereby authorize the use or disclosure of my protected health information as described below.

Specific description of information to be disclosed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of the disclosure \_\_\_\_\_

I understand the following:

- I have the right to refuse to sign this authorization; however, if I refuse to sign this authorization, I understand that the Companies\* may not be able to gather the information necessary to determine if I am eligible for coverage or benefits under one of the Companies' insurance policies. I understand that a photocopy or facsimile of this authorization is as valid as the original. Upon request, I may receive a copy of this authorization.
- This authorization is voluntary. I may revoke it any time by writing Sun Life Financial, Privacy Office, PO Box 419052, Kansas City, MO 64141-6052. Any such revocation will not affect any actions that Companies took before receipt of the revocation.
- Federal law requires that we inform you that the information that we collect may, under certain circumstances, be re-disclosed by us to third parties and thus no longer protected by federal law. Oklahoma only – we are required to inform you that **the information authorized for release may include information which may indicate the presence of a communicable disease or noncommunicable disease.**
- I understand that any information obtained by this authorization may be used and disclosed by HIPAA and non-HIPAA plans.
- This authorization is effective from the date signed below until \_\_\_\_\_.

DATE OR EVENT (NOT TO EXCEED 24 MONTHS)

Signature of Insured/Member or Personal Representative \_\_\_\_\_ Date \_\_\_\_\_

(Form MUST be completed before signing.)

Printed name of personal representative \_\_\_\_\_ Phone no. \_\_\_\_\_

Relationship to insured/member or nature of authority \_\_\_\_\_

(If you are the Personal Representative, other than a parent or legal guardian, please attach a copy of any documents verifying your position as Personal Representative.)

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.**

**Fax** the completed Authorization for processing to 816.881.8854, Attention: HIPAA Specialist.

– or –

**Mail** the completed Authorization for processing to Privacy Office, Sun Life Financial,  
P.O. Box 419052, Kansas City, MO 64141-6052.

\*In this authorization "Companies" refers to the following underwriting and prepaid dental companies.

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC and are administered by SLOC, and are provided by prepaid dental companies affiliated with SLOC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products and prepaid dental products are underwritten or provided by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI)