

HIPAA Authorization for Release of Protected Health Information –California Residents



Insured/Member name _____ ID no. _____
Address _____ City _____ State _____ Zip code _____
Policy no. _____ Participation no. _____
Account no. _____ Certificate no. _____

Persons/organizations providing the information:

Persons/organizations receiving the information:

- | | |
|--|--|
| <input type="checkbox"/> Union Security Insurance Company | <input type="checkbox"/> Union Security Insurance Company |
| <input type="checkbox"/> Union Security Life Insurance Company of New York | <input type="checkbox"/> Union Security Life Insurance Company of New York |
| <input type="checkbox"/> Other (Please specify.) _____ | <input type="checkbox"/> 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.

*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). Prepaid dental products are provided by UDC Dental California, Inc., which is affiliated with SLOC. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

- 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