



As required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Kazdon is committed to protecting your private health information (PHI). Your PHI cannot be disclosed to a third party without your consent. If you wish to have your PHI shared with another person or organization, please complete all sections of this form.

Section A: Participant Authorization

Employer Name (Flexible Spending Account Plan Participants Only) OR Former Employer Name (COBRA Continuant(s) Only):	
Participant Name	Employee SSN
Address	City, State, Zip Code
Telephone	Email Address

Section B: Information About the Designated Recipient

Name of Designated Recipient / Organization	
Address	First 5 digits of SSN (if an individual) OR Tax ID (if an organization)
Name of Designated Recipient / Organization	Name of Designated Recipient / Organization

Section C: PHI to be released *(Please select all that apply)*

- Information Related to all Healthcare FSA Account(s) Information Related to all Dependent Care FSA Account(s)
- Information Related to all COBRA continuation Account(s) Information Related to all Benefit Account(s)

Section D: Additional Information

Please provide specific instructions related to the above information. For example, you may wish to list the date of the reimbursement request or transaction and the dollar amount to ensure that only certain PHI is released. If specific information is not provided, Kazdon will supply any information in the above checked categories to the Designated Recipient upon request.

Release Effective Date	Release Expiration Date (YOU MUST INCLUDE AN EXPIRATION DATE)

Section E: Individual's Signature

I, _____, have had full opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information, as described in this form. I understand that a separate release may be required for additional transactions. I understand that after the requested information is disclosed, Kazdon cannot ensure its protection under federal law and that the Designated Recipient/Organization may re-disclose it.

Print Name: _____

Signature: _____ Date: _____