Carpenters Health and Welfare Trust Fund for California
Authorization Form For Release of Medical/Health Information

265 Hegenberger Rd, Suite 100, Oakland, CA 94621
PO Box 2280, Oakland, CA 94621
Tel. (510) 633-0333 * (888) 547-2054 * Fax (510) 633-0215

Name:_____ **SSN, CFAO ID#, or UBC#:** _____

I,_____**, hereby authorize the use or disclosure of my health information as described in this authorization**.

1. Specific person/organization (*or class of persons*) authorized to **provide** the information (e.g. Carpenters Health and Welfare Trust Fund for California):

   _____

2. Specific person/organization (*or class of persons*) authorized to **receive** and use the information: *<insert name, title/relation, address fax, phone and email if possible>*

   _____

3. Specific **description of the information to be used or disclosed**. (Include dates as appropriate):

   _____

   _____

   _____

4. **Purpose of the request**: (Check one)
   - ☐ At the request of the individual signing this form.
   - ☐ Other: _____

5. **Right to Revoke:** I understand that this authorization is voluntary and that I have the right to revoke this authorization at any time by notifying the Privacy Officer (in writing) at 265 Hegenberger Road, Suite 100, Oakland, CA 94621. I understand that such a revocation is only effective after it is received and logged by the Privacy Officer. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by a revocation.
6. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.
7. I understand that I am entitled to receive a copy of this authorization and the information described on this form if I ask for it.
8. I understand that this authorization will expire:
   - ☐ One year from the date of this authorization.
   - ☐ On the following date:_____, 20_____ .
9. The Plan may condition enrollment in the plan or eligibility for benefits on receipt of authorization prior to enrollment, if the authorization is sought for underwriting or risk rating determinations and does not relate to psychotherapynotes.

_____ _____

Signature of Individual **Date**

or

_____ _____

Signature of Personal Representative **Date**

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign the authorization form on the basis of:

☐ a signed Personal Representative Form;

☐ Other _____

CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA
265 Hegenberger Road, Suite 100, Oakland CA 94621
P.O. Box 2280, Oakland, CA 94614
Tel. (510) 633-0333 ✧ (888) 547-2054 ✧ Fax (510) 633-0215
www.carpenterfunds.com

Consent for Release of Information

If you wish to authorize the Trust Fund Office to release information about your accrued benefits to someone other than you, please complete the section below:

I,_____, authorize the Trust Fund Office to release information to the person(s) listed below regarding my benefits accrued under the following Funds* (check all that apply):

- ☐ Carpenters Pension Trust Fund for Northern California
- ☐ Carpenters Annuity Trust Fund for Northern California
- ☐ Carpenters Vacation, Holiday and Sick Leave Trust Fund for Northern California
- ☐ Northern California Carpenters 401(k) Plan

To release information or records about my accrued benefit(s) to:

Name:_____Relationship to Participant: _____

Address:_____
Street City Zip Code

(To authorize additional people or entities please attach an additional sheet or request additional forms from the Trust Fund Office.)

I would like this authorization to expire_____. (Optional)

Participant Signature:_____Date: _____

Participant's CFAO ID#, UBC# or Social Security Number: _____

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* Please note that the Carpenters Health and Welfare Trust Fund for California has specific requirements regarding authorizations for the release of Protected Health Information. If you would like to authorize someone to have access to your benefit information under the Health and Welfare Fund please contact the Trust Fund Office for the appropriate forms or download them from our website at https://www.carpenterfunds.com/forms-and-documents.