HRC TOTAL SOLUTIONS
HR•Payroll•FSA•HRA•HSA•Commuter•COBRA

HIPAA AUTHORIZATION FORM

I. Participant Information

First Name:	Last Name:
SSN or Employee ID:	Date of Birth:
Type of Account (*FSA, HRA, COBRA, Retiree*):	

II. Authorized Representative Information

☐ I authorize HRC Total Solutions to use or disclose my protected health information (PHI). This information may be disclosed to and used by the following individual or organization.	
Individual's Name	Organization's Name/Relationship
☐ Adding Authorization ☐ Removing Authorization	
Individual's Name	Organization's Name/Relationship
☐ Adding Authorization ☐ Removing Authorization	

III. Signature

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to HRC Total Solutions. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will commence on the date indicated below and will expire on the following date, event, or condition: _____

If I fail to specify an expiration date, event, or condition, this authorization will stay in place until I revoke it.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to obtain coverage. I understand that I may inspect or copy the information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have any questions about disclosure of my health information, I can contact this facility's privacy officer.

Signature:	Date:
Signer ID: ☐ Self ☐ Parent of Minor ☐ Guardian ☐ Other Authorized Representative (explain):	

PLEASE RETURN THIS FORM TO HRC TOTAL SOLUTIONS CUSTOMER SERVICE

Monday – Friday 8: 30am-7:30pm EST

(603) 647-1147 Option 1 (866) 978-7868 customerservice@hrcts.com LiveChat