



Risk Management

501 North Thompson, Suite 202

Conroe, Texas 77301

Phone 936/760-6935

To: Montgomery County Employee Benefit Plan H.I.P.A.A. Privacy Officer

I, _____, employee or participating eligible dependent, authorize Montgomery County Risk Management employees to access the following benefits,

Medical Vision Dental Group life Insurance AD&D

in regards to types of coverage and questions relating to plan document provisions and claims for the following dates of service:

Medical information/Explanation of Benefits are not filed in the Risk Management Department. After resolution, medical information will be shredded. Be sure to keep your original paperwork for your files.

Doctors: _____

Facilities: _____

I also give my permission to discuss the information with any of the listed above with the following individuals:

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

Employee or a participating eligible Dependent

_____ Social Security # _____
Print Name

_____ Date _____
Signature

Witnessed by _____ Date _____

Print Name _____

1) Right to revoke: I understand that I have the right to revoke this authorization at any time by notifying Montgomery County Employee Benefit Plan in writing at the Risk Management Department, 501 N. Thompson, Suite 202; Conroe, TX 77301. I understand that the revocation is only effective after it is received and logged by the Risk Management Department on behalf of Montgomery County Employee Benefit Plan. **2)** I understand that after this information is disclosed, federal law might not protect it and the recipient might redisclose it. **3)** I understand that I am entitled to receive a copy of the authorization. **4)** I understand that this authorization will expire when my participation under the Montgomery County Employee Benefit Plan ends.