

LIBERTY UNION LIFE ASSURANCE COMPANY
560 Kirts Blvd. Suite 125
Troy, MI 48084

Authorization for Release of Protected Health Information

Issued: _____

Effective: _____

Revised: _____

Approved By: _____

Vice President, Compliance Officer

Expires: _____

Policy:

Liberty Union Life Assurance Company requires an authorization for the disclosure of Protected Health Information (PHI) beyond the restriction established by the HIPAA Privacy standard 45 CFR Parts 160 through 164.

Insurer: Liberty Union Life Assurance Company
(Covered Entity)

General Requirements:

1. Liberty Union Life Assurance Company will disclose protected health information without an authorization to the individual receiving care, for those activities that are required to carry out treatment, payment, or health care operations except for psychotherapy notes, or those circumstances required by law. The disclosure of any PHI beyond this limitation will require an authorization.
2. An authorization by the individual receiving care or their personal representative will be required by Liberty Union Life Assurance Company before disclosing protected health information beyond those limitations established by the Privacy standards.
3. An authorization must contain at least the following elements:
 - a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - b. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - c. An expiration date or an expiration event.
 - d. A statement of the individual's right to revoke the Authorization in writing.
 - e. A statement that the Insurer, Liberty Union Life does not condition payment, eligibility or enrollment of health care services on the individual signing of the authorization.
 - f. A signature of the individual and date when Insurer obtained or received a valid authorization for its use or disclosure of protected health information.

