

**HIPAA
Employee Waiver**

**Authorization to Use or Obtain Necessary
Personal and Health Information (PHI)**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal regulation that defines health plan members' privacy and confidentiality, and provides guidelines as to how and when your personal and health information (PHI) may be used and disclosed by insurance carriers. While various levels of restriction exist, your carrier's ability to release information to any person other than the member is limited by HIPAA. If you wish to allow MT Stuart & Company – your broker – access to important member protected information, please complete and sign this form.

Personal and Health Information (PHI) that may be used and/or disclosed includes any and all information or records relating to identification information, medical history, medical examinations, services rendered, and treatment given

I hereby authorize MT Stuart & Company and/or Michael Stuart as an authorized recipient of member protected information (PHI) for the account of _____.

Signed (waiver not valid without signature)

Date

Name (printed)

Company

Patient Date of Birth

Patient Insurance Carrier

Patient Social Security