



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Authorization for Release of Protected Health Information**

Member's Name (LAST, FIRST, MI)	Employee ID or Social Security Number
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I hereby authorize the use or disclosure of my protected health information as described in this authorization.

Please describe the specific organization that is authorized to provide the protected health information:	State Employee Health Plan
Please describe the specific person, organization, or class of persons authorized to receive and use the protected health information:	
Please describe in detail the protected health information you wish the SEHP to disclose. Include provider names and dates as necessary:	
Please describe the specific person, organization, or class of persons authorized to receive and use the protected health information:	
Please state the purpose of the request below. If you do not wish to state a purpose, please state, "At the request of the individual".	
Please state the date or event that this authorization will expire. If no date or event is stated, this authorization will expire one year from the date of my signature.	<input type="checkbox"/> One year from the date of this authorization. <input type="checkbox"/> On the following date: _____, 20___.

Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying the SEHP Compliance Officer in writing at 900 SW Jackson, Room 900 Topeka, KS 66612. I understand that the revocation is only effective after it is received and logged by the SEHP. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.

I understand that I am entitled to receive a copy of this authorization.

The SEHP will not condition treatment, payment, enrollment or eligibility for benefits on receipt of an authorization.

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

This authorization reflects the requirements of 45 CFR & 164.508 (August 14, 2002)