



(845) 562-7988 • 52 Pierces Road • Newburgh, NY 12550

Personal Representative Form

Beginning April 14, 2004, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will require this form to be on file with the NTABTF if a member (policy holder) wants to access Protected Health Information (PHI) about a spouse or dependent over 18 years of age. PHI is defined by HIPAA as the following: proposed or actual treatment procedures, claim status, and payment for claims. **If we do not have this form on file, we will not be able to discuss your dependent's or spouse's PHI with you even though you are the member (policy holder).**

Please complete this form and return it to the Trust Fund prior to April 14, 2004.

Member's (policy holder's) Name: _____

We, the undersigned, hereby designate the above named member (policy holder) as our/my Personal Representative with the authority to discuss our/my PHI as defined above:

<u>Print Name</u>	<u>Signature</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____

