



**Newburgh Teachers' Association
Benefit Trust Fund**

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

Personal Representative Form

Non-Participant or Non-Member

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 Personal Representative wants to access Protected Health Information (PHI) concerning a covered participant in the Benefit Trust Fund. 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 a participant's PHI with you even though you are related to that participant or are an agent for that participant.**

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

Participants's (covered individual's) Name: _____

I, the undersigned, hereby designate the below named individual(s) as my Personal Representative with the authority to discuss my PHI as defined above:

Participant's Signature _____

(limit three)

	<u>Print Name</u>	Signature	Social Security Number
1)	_____	_____	____/____/____
2)	_____	_____	____/____/____
3)	_____	_____	____/____/____