

**TabenFlex**  
**HIPAA DESIGNATED REPRESENTATIVE**  
**AUTHORIZATION FORM**

Your personal health information is confidential. The Taben Group and its affiliates reserve the right NOT to release any information pertaining to certain medical services and diagnoses. This form is to document the designation of a HIPAA Designated Representative for a plan participant. This form authorizes the release of medical information to the named representative(s). This authorization does not provide your Designated Representative with any authority, either implied or direct, over any direct care decisions or account management.

**Instructions**

1. Complete the HIPAA Designated Representative Form if you would like to allow a representative to speak with us about your personal health information.
2. **Your signature is required.**
3. If you have any questions regarding this form, please call 855.826.8692

**Accountholder Information**

Last Name, First Name, MI (Please Print)	Employer	Social Security Number
Street Address	City, State, Zip	

**HIPAA Member Designated Representative Information**

*Representative Name (First, MI, Last)	
Street Address	City, State, Zip
*Representative Name (First, MI, Last)	
Street Address	City, State, Zip

I understand that pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") the Taben Group will not disclose my personal health information to other parties without my written authorization or as permitted or required by law. As permitted by HIPAA regulations, I hereby designate the person named above to receive my personal health information, including, but not limited to, personal diagnoses, procedures, and treating providers, from the Taben Group and its affiliates. I understand that this information may include Protected Health Information and other information protected by HIPAA and other laws.

I understand that I may revoke this authorization at any time in writing by giving written notice to the Taben Group, or its affiliates. I further understand that my revocation of this authorization will not affect any action that you have already released based upon this authorization and that information shared by the Taben Group and its affiliates with my Designated Representative may no longer be protected by privacy laws.

I have read this form and hereby designate the person listed above as my Member Designated Representative.

<b>Participant's Signature (Required)</b>	Date
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**Please retain a copy of this form for your records and send the original to the Taben Group.**

