

Due to the Health Insurance Portability and Accountability Act (HIPAA) your health plan administrator is unable to release medical information to anyone other than the patient if they are over the age of 18. This form will need to be completed by anyone on your policy over the age of 18 if they would like information to be released to a spouse, parent or third party. Please make a copy if you need more than one form. Here are the instructions to complete the form:

To disclose from the records of: include your name or the name of the person medical records will be released.

To disclose to: enter the name/address of the person to receive the medical information. (spouse, parent, child).

The following information may be disclosed: enter all medical claims information or specify what type of claims are be released.

For the purpose of: If requested by you, simply state “At the request of the participant”

Check and Initial: For full disclosure of all medical information, you must check and initial all boxes. Any boxes left empty will result in limited disclosure.

If compensation will be received: (you do not need to complete).

Sign and date the form and indicate a desired expiration date or indicate “as long as coverage is in force”.

Please fax the form to 515-286-4369 so your health plan administrator may provide you or the person designated with the information you/they wish to receive. Please contact an Iowa Bankers Benefit Plan customer service representative at: 1-800-258-1415 with any questions. Thank you for your cooperation and patience as we comply with the privacy portion of HIPAA.