

DESIGNATION OF INDIVIDUALS WITH WHOM BENEFITS PERSONNEL MAY COMMUNICATE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides privacy protections to your medical records. Our teams who work with our group health plans may sometimes need to disclose medical information or payment information protected by HIPAA in relation to Denton ISD medical and voluntary/supplemental benefits to your family members or close friends involved in your health care. For example, your spouse may need to contact us for assistance in filing a claim for reimbursement for medical services under the Group Medical Plan if you are incapacitated. Under HIPAA, unless you specifically object, we are allowed to use our professional judgment in deciding whether to discuss your medical, voluntary/supplemental and/or payment information with your family members or close friends. However, we would like to provide you with the opportunity to tell us with whom we may or may not discuss your medical, voluntary/supplemental and/or payment information with under our plans.

Employee Name: _____ Employee ID Number: _____
 Address: _____ Social Security # _____
 Phone: _____

- You may communicate with the following individuals relating to my medical or payment information under the group health plans:

Name	Relationship	DOB	Social Security #

- Please do not discuss my medical or payment information with the following individuals:

Name	Relationship	DOB	Social Security #

- Please do not discuss my medical or payment information with anyone.

Signature

Date

Please return the completed, signed & dated form to:
Denton ISD Insurance Department