



State of New York  
 Department of Civil Service  
 Alfred E. Smith State Office Bldg.  
 Albany, NY 12239

EMPLOYEE BENEFITS DIVISION  
 New York State Health Insurance Program (NYSHIP) and New York Public  
 Employee and Retiree Long Term Care Insurance Program (NYPERL)  
 Authorization for Release of Health Information  
 (w) EBD-543 (3/11L)

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

**NOTE: The only persons who can complete and sign this form to authorize the disclosure of personal information are:**

- The individual who is the subject of the information to be disclosed;
- A parent or legal guardian - only if the individual who is the subject of the information to be disclosed is a child under the age of 18; or
- A Personal Representative of the individual as designated through a Power of Attorney, Health Care Proxy, a court order, or other appropriate legal documentation.

**Part A – Identify the Person Whose Information is to be Released**

Name: \_\_\_\_\_ Identification #: \_\_\_\_\_

**Part B – Person(s) or Organization(s) Authorized to Receive Information**

Please complete this section with the person(s) or organization(s) you are authorizing to receive information about the person named in Part A.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Possibility of Re-disclosure:** It is possible that the person or organization you have named to receive this information may re-disclose the information and, if so, the information may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.

**Part C – Information to be Released**

The New York State Department of Civil Service - Employee Benefits Division (EBD) maintains information regarding eligibility for and enrollment in the New York State Health Insurance Program (NYSHIP) and the New York State Public Employee and Retiree Long Term Care Insurance Program (NYPERL). This information includes, but is not necessarily limited to, names and identification numbers of all covered persons; health plan option (i.e. Empire Plan or the specific HMO in which you are enrolled); date of birth; address; premium and payment information; and employment information for purposes of determining eligibility. We do not maintain claims information or medical records.

\_\_\_\_\_ I authorize the release of information maintained by EBD as described above.

\_\_\_\_\_ I authorize the release of information maintained by EBD as described above, with the following limitations:  
 (Please describe)

\_\_\_\_\_  
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