



## MIDWEST OPERATING ENGINEERS PHI DISCLOSURE OPT-OUT FORM

This form allows you to tell us that you **do not give permission** for your Protected Health Information (PHI) to be discussed or shared with a specific individual(s). Please return your completed form to the Fund Office to be filed with the Privacy Official. **A copy of your photo ID must be included with your submission.** The Privacy Official must review all requests and may deny any requests based upon state law restrictions.

### INFORMATION FOR INDIVIDUAL REQUESTING THE OPT-OUT

Name:		MOE ID:
Street Address:		
City:	State:	Zip Code:

### OPT-OUT INFORMATION

I request that all correspondence related to my coverage and benefits be mailed directly to my attention at the address specified above.

I further request that the individual(s) listed below **not be considered my Personal Representative.** The Fund does not have my permission to discuss my Protected Health Information (PHI), including eligibility and claims status, with the following individual unless I provide specific written authorization:

Individual's Name	Relationship to You
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By signing below, I understand that once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed written statement to the Fund Office.

Signature of Individual Requesting the Opt-Out	Date
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