



MEBA MEDICAL & BENEFITS PLAN
 MEBA PENSION TRUST
 MEBA TRAINING PLAN
 MEBA VACATION PLAN

BENEFIT PLANS

1007 EASTERN AVENUE, BALTIMORE, MARYLAND 21202-4345 • (410) 547-9111

Designation of Health Information Recipient

**MEBA Medical & Benefits Plan
 1007 Eastern Avenue
 Baltimore, MD 21202
 (800) 811-6322**

As required by the Health Information Portability and Accountability Act of 1996 you have a right to nominate one or more persons to receive certain health information that pertains to you, as relevant to such person's involvement in your health care or payment for such health care. By completing this form you are informing us of your wish to designate the named person as a health information recipient. You may revoke this designation at any time by signing and dating the revocation of your copy of this form and returning it to this office.

DESIGNATION SECTION

I, _____ (print name) hereby designate the following person to receive and/or disclose health information that pertains to me, as relevant to such person's involvement in my health care or payment for such health care:

 (Print Name of Recipient) (Relationship to you)

This person is to be afforded all of the privileges that would be afforded to me with respect to having access to my health information.

I understand that I may revoke this designation at any time by signing the revocation section of my copy of this form and returning it to the MEBA Medical & Benefits Plan at the address shown above. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this designation.

 Signature Date

REVOCAION SECTION

I hereby revoke the designation of the individual identified above as a health care information recipient.

 Signature Date