

PUBLIC SCHOOL RETIREMENT SYSTEM OF THE CITY OF ST. LOUIS
3641 Olive Street, Suite 300
ST. LOUIS, MO 63108-3601
(314) 534-7444

Authorization to Release Member Information

Member Name: _____

Member Social Security Number: _____

I hereby authorize the use and/or disclosure of my Protected Health Information and/or other information protected by law, as described below. I understand that this authorization is voluntary. I also understand that if the information is Protected Health Information and if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. Person(s) or organization authorized to disclose the health information:

Public School Retirement System of the City of St. Louis (PSRSSTL)

2. Person(s) or organization authorized to receive the health information:

3. Description of health information that may be used/disclosed:

4. Description of the specific purpose for which the information may be used/disclosed:

5. I understand the following.

- The person or organization that I am authorizing to use/disclose the information may receive compensation in exchange for using or disclosing the health information described above.
- I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain health care treatment or payment or my eligibility for benefits.
- I may revoke this authorization at any time by providing written notice to the individual/organization identified in #1, above.
- My revocation will not affect any actions already taken in reliance on this authorization.
- I may inspect or copy any information to be used or disclosed under this authorization.

6. Unless otherwise revoked in writing, this authorization will expire in _____ days from the date signed below OR upon the occurrence of _____

Signature of Individual (or Legal Representative)

Date

Print Name of Individual (or Legal Representative)

Relationship to Individual