



### BAC Local Union 15 Welfare Fund

PO Box 909500 · Kansas City, MO 64190-9500

Phone (816) 777-2668 · Toll Free (833) 479-9428 · Fax (816) 756-3659

### Family Privacy Form

I, \_\_\_\_\_, hereby authorize the following named individual(s) to  
 Print Name  
 act on my behalf to:

- ❖ Receive PHI from the BAC Local Union 15 Welfare Fund, and
- ❖ Enforce any individual rights I have regarding PHI under The HIPAA Privacy Rule.

- |    |      |                        |
|----|------|------------------------|
| 1. |      |                        |
|    | Name | Social Security Number |
| 2. |      |                        |
|    | Name | Social Security Number |
| 3. |      |                        |
|    | Name | Social Security Number |

I understand (1) that this designation is subject to approval by the BAC Local Union 15 Welfare Fund; (2) this designation will remain in effect unless I revoke it in writing; (3) that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

Signature	Date	Social Security Number

I am: (Please check the appropriate box)

- Eligible Member
- Eligible Spouse
- Eligible Adult Child
- Other – Please explain: \_\_\_\_\_