

ROOFERS LOCAL NO. 74/203 HEALTH & WELFARE FUND

CONSENT FOR PURPOSES OF DISCLOSURE TO FAMILY MEMBERS

I consent to the use or disclosure of my Protected Health Information (PHI) by the Roofers Local No. 74/203 Health and Welfare Plan (the "Plan"), for the purposes of engaging in communications with my family members with respect to that information. In addition, I also give permission to the Plan to disclose my protected health information to the following individuals:

(Names of person (s) the information can be discussed with)

(Relationship of each person)

I understand that if I sign this consent my family members will be able to contact the Plan, by telephone or otherwise, to get information about my health status, my enrollment information, or any other information concerning my participation in the Roofers Local No. 74/203 Health & Welfare Fund.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to my family and the individuals named above. If the Plan agrees to a restriction that I request, the restriction is bonding on the Plan.

I have the right to revoke this consent, in writing, at any time, except to the extent that the Plan has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provide, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

Signature of Participant (or) Spouse (or)
Dependent (18 years and older, female 16 years and older)

State of _____)
(SS,;
County of _____)

On _____, before me, the undersigned, a Notary Public in and for said

State, personally appeared _____, whom is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed by signature on the instrument, the individual, or person upon behalf of which the individual acted, executed the instrument.

Notary Public Signature / Commission Date Required