

The Address/Fax #/Phone # listing for the Benefit Plans is attached.



## HIPAA Privacy Authorization Form NCFlex Program

PLEASE PRINT

|  |   |
|--|---|
| <b>Individual's Name:</b> _____  | <b>Social Security #:</b> _____ - _____ - _____ |
| <b>Address:</b> _____<br>_____   | <b>Date of Birth:</b> _____                     |
| <b>Employee's Name:</b> _____<br>(if different from Individual's Name above) | <b>Day Phone #:</b> (____) _____                |
|  | <b>Social Security #:</b> _____ - _____ - _____ |

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

|  |  |
|--|--|
| <p><b>1) Entity Authorized to <u>Disclose</u> Your Health Information:</b></p> <p><input type="checkbox"/> Dental Plan (United Concordia Companies, Inc.)</p> <p><input type="checkbox"/> Vision Care Plan (Superior Vision Policy #056963)</p> <p><input type="checkbox"/> Cancer (American Heritage Policy # 83126)</p> <p><input type="checkbox"/> Health Care Flexible Spending Account (Aon Consulting)</p> <p style="text-align: center;"><b>(Check Appropriate Boxes)</b></p> | <p><b>2) Entity Authorized to <u>Receive</u> Your Health Information:</b></p> <p><input type="checkbox"/> Benefit Representative's Name: _____<br/>Work#: _____</p> <p><input type="checkbox"/> NCFlex Department</p> <p><input type="checkbox"/> Aon Consulting (Program Advisor)</p> <p><input type="checkbox"/> Other: Name: _____<br/>Relationship: _____</p> <p style="text-align: center;"><b>(Check All That Apply)</b></p> |
|--|--|

**3) Describe the Details of Your Health Issue/Question to be Investigated and Disclosed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4) Unless Otherwise Revoked in Writing, this Authorization will Expire on:**

The following date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

When the issue/question has been resolved

**(Check Only One Box)**

- You may revoke this Authorization at any time by providing written notice to your Benefit Representative named in section #2 above or to the NCFlex Department, Office of State Personnel, 116 West Jones Street, Raleigh, NC 27603. Your revocation will not affect any actions already taken in reliance on this authorization.
- You may refuse to sign this Authorization, which will not affect your ability to enroll in a health plan, obtain health care treatment or payment, or eligibility for benefits.
- You may inspect or copy any information to be used or disclosed under this Authorization.

\_\_\_\_\_  
Signature of Individual (or Personal Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print) Individual's Name

\_\_\_\_\_  
(Print) Name of Personal Representative (if applicable)

\_\_\_\_\_  
Describe your Authority to Act for

\_\_\_\_\_  
the Individual (e.g., parent of minor, power of attorney, executor of estate, etc.)

## ***Where To Send The HIPAA Privacy Authorization Form***

### **DENTAL PLAN**

United Concordia Companies, Inc.  
Dental Customer Service  
P.O. Box 69420  
Harrisburg, PA 17106-9420  
Phone Number: 1-800-297-8039  
FAX: 1-717-260-7029

### **VISION CARE PLAN**

Superior Vision Services  
Attn: Stephanie Kowderduck  
11101 White Rock Road, Suite 150  
Rancho Cordova, CA 95670  
Phone Number: 1-800-923-6766, ext. 204  
Fax Number: 1-916-859-6286

### **HEALTH CARE FLEXIBLE SPENDING ACCOUNT**

Aon Consulting  
Attention: *NCFlex* Enrollment  
Flex Administration #0001  
PO Box 2845  
Winston-Salem, NC 27102-2845  
Phone Number: 1-877-371-2926  
Fax Number: 1-866-887-3212

### **CANCER**

Allstate Workplace Division  
Attention: *NCFlex* Enrollment/Joanna Laughlin  
1776 American Heritage Life Drive  
Jacksonville, FL 32224  
Phone Number: 1-800-521-3535, ext. 3055  
Fax Number: (904) 992-2899

### **NCFLEX OFFICE**

|   |   |
|---|---|
| <b>Main Contacts:</b>   | Flexible Benefits Program                             |
| • Mike Telesca<br>(919) 807-4820                              | Office of State Personnel<br>1331 Mail Service Center |
| • Phyllis Perry<br>(919) 807-4823                             | Raleigh, NC 27699-1331                                |
| • Bob Kelley<br>(919) 807-4853                                | Courier 51-01-03                                      |
| <b>Secondary Contact:</b>                                     |   |
| • Pani Tademeti<br>(919) 807-4879                             |   |
| Primary Fax #: (919) 715-0237/Secondary Fax #: (919) 733-0653 |   |