



AUTHORIZATION TO RELEASE GROUP HEALTH INFORMATION

Attention: Unity Health Plans Insurance Corporation (“Unity”)

Acting as Plan Sponsor of the **{GROUP HEALTH PLAN’S NAME}**, Unity is hereby directed to disclose the following Protected Health Information regarding participants in the Health Plan. The information to be disclosed may include the following:

{List data elements such as employee ID; date of service; charge amount; amount paid by Unity, etc.}

{If this information is to be disclosed on a recurring basis, indicate the frequency.}

We acknowledge that the Protected Health Information to be disclosed is confidential. Unity may rely on our request to be the minimum necessary for the intended purpose of the disclosure and that we have received satisfactory assurance from **{BUSINESS ASSOCIATE NAME}** to safeguard and not further use or disclose the Protected Health Information.

Please forward the requested information to:

{BUSINESS ASSOCIATE NAME AND ADDRESS}

Unity is entitled to rely upon this letter and its directions until we revoke this letter in writing to you.

Signed,

{PLAN SPONSOR’S NAME}

By: _____

Print Name: _____

Title: _____