Protected Health Information (PHI) Release Authorization

Participant Information	
Participant name	**Date of birth**
Employer	**Daytime phone number**

Release	
Persons/organizations authorized to receive information	**Relationship**

Please indicate the information to be used or disclosed. **This release excludes bmoflex.com login information. Any username and password inquiry or reset request will need to be initiated by the participant.**

All information including claim and provider detail

Account balance information and reimbursement amounts only

Information restricted to only: _____

Duration

This authorization is a one-time disclosure and will expire _____.

This authorization remains in effect until TASC Customer Care receives written notice of cancellation.

Authorization

I request and authorize TASC Customer Care to disclose my protected health information as indicated above.

I understand that when the authorized information is disclosed to the individual or organization I have indicated, it may no longer be protected by the privacy rule and could be disclosed by those whom I have given authorization to receive the information.

Right to cancel: I understand that I may cancel this authorization at any time by providing written notice to the address listed at the bottom form. Cancellation of this authorization does not apply to information previously released with my consent.

Participant's signature	**Date**

Check here if you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator. Please complete the following and attach a copy of the supporting legal documents.

Personal representative's name printed	**Relationship to individual**

Mailing address: TASC Customer Care, PO Box 2517, Appleton, WI 54912-2517
Phone: 800-236-3539| Fax: 888-244-2759 | Email: flexcustomercare@tasconline.com | Website: bmoflex.com