



**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY
FRINGE BENEFIT FUNDS**

3100 BROADWAY • SUITE 805 • KANSAS CITY, MISSOURI 64111
816.756.3313 • FAX 816.756.3659 • TOLL FREE 1.866.756.3313



Family Privacy Form

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

- ❖ Receive Protected Health Information as defined in The Privacy Rule (PHI) from the Carpenters' District Council of Kansas City and Vicinity Welfare Fund, and
- ❖ Enforce any individual rights I have regarding PHI under The Privacy Rule.

1. _____
Name Social Security Number
2. _____
Name Social Security Number
3. _____
Name Social Security Number

I understand (1) that this authorization is subject to approval by the Carpenters' District Council of Kansas City and Vicinity Welfare Fund; (2) this authorization will remain in effect unless I revoke it in writing; (3) that I have the right to revoke this authorization at any time by submitting a signed statement withdrawing the authorization with 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 _____