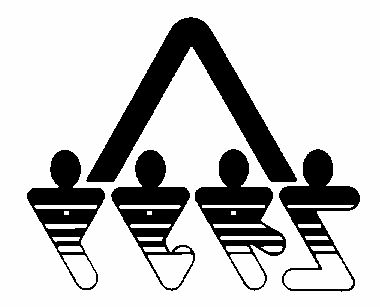
### 58768-{stdMbrPERSLinkID}

### Health Care Information Release Accounting Form



NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58768 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

**(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**

\* If multiple disclosures are to be made to the same person or organization over a period of time, one accounting will be sufficient. Indicate the first date of disclosure (after April 14, 2003), frequency or period of disclosure (e.g., once a week, each month), and date of last disclosure when known.

Please print all information clearly

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A MEMBER INFORMATION** | | | | | | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | | | | NDPERS Member ID {stdMbrPERSLinkID} | | |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | | | Date of Birth {stdMbrDateOfBirth} | | |
| Health Plan ID | | | | | | | |
| **\* Date of Disclosure** | **Name of Individual and/or Organization To Whom Disclosure Was Made**  **(Include address, if known)** | **Description Of How and What Information Was Disclosed** | | | | **Purpose of Disclosure** | **Name of Employee Making or Approving Disclosure** |
| 1. Circle Verbal, Paper or Electronic to indicate how the information was disclosed. 2. Provide a brief description of information disclosed. 3. Indicate if additional documentation or authorization supports this disclosure. | | | |
|  |  | Verbal | Paper | Electronic | |  |  |
|  | | | |
|  |  | Verbal | Paper | Electronic | |  |  |
|  | | | |
|  |  | Verbal | Paper | Electronic | |  |  |
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Health Care Information Release Accounting Form

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|  |  |
| --- | --- |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | NDPERS Member ID {stdMbrPERSLinkID} |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\* Date of Disclosure** | **Name of Individual and/or Organization To Whom Disclosure Was Made**  **(Include address, if known)** | **Description Of How and What Information Was Disclosed** | | | **Purpose of Disclosure** | **Name of Employee Making or Approving Disclosure** |
| 1. Circle Verbal, Paper or Electronic to indicate how the information was disclosed. 2. Provide a brief description of information disclosed. 3. Indicate if additional documentation or authorization supports this disclosure. | | |
|  |  | Verbal | Paper | Electronic |  |  |
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|  |  | Verbal | Paper | Electronic |  |  |
|  | | |

### Health Care Information Release Accounting Form

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|  |  |
| --- | --- |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | NDPERS Member ID {stdMbrPERSLinkID} |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **\* Date of Disclosure** | **Name of Individual and/or Organization To Whom Disclosure Was Made**  **(Include address, if known)** | **Description Of How and What Information Was Disclosed** | | | **Purpose of Disclosure** | **Name of Employee Making or Approving Disclosure** |
| 1. Circle Verbal, Paper or Electronic to indicate how the information was disclosed. 2. Provide a brief description of information disclosed. 3. Indicate if additional documentation or authorization supports this disclosure. | | |
|  |  | Verbal | Paper | Electronic |  |  |
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