

Member's Application for Disability Retirement

Form Last Revised: February, 2020

14

Disability Type: **Member:** **SSN:** ***-**-_____

Authorization to Use or Disclose Protected Health Information

I hereby authorize:

(physician, hospital, insurance company, employer, other health/rehabilitation entity)

to use or disclose the following protected health information from the medical records of the patient listed below. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to Federal or State law protecting its confidentiality. Information released on this authorization, if redisclosed by the recipient, is no longer protected.

<input type="text"/>	<input type="text"/>
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Patient Name	Date of Birth
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address	City	State	Zip Code
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Information To Be Disclosed To (Please check one): **PERAC**, 5 Middlesex Avenue, Suite 345, Somerville, MA 02145

Retirement Board (Enter address below)

Board Name:

Address:

City/Town: **State:** **Zip Code:**

Please check one below to authorize release of your complete medical record, or, use the lines below to stipulate any exceptions.

- Authorize Release of Complete Medical Record
- Authorize Release of Complete Medical Record with the following exceptions

Exceptions:

<input type="text"/>

This form encompasses the following:

- Disability Retirement Application: (Massachusetts General Laws, Chapter 32, Sections 6, 7, 26, 94, 94A and 94B)
- Restoration to Service Evaluation (including rehabilitation): (Massachusetts General Laws, Chapter 32, Sections 8 and 26)
- Accidental Death Benefit: (Massachusetts General Laws, Chapter 32, Sections 9 and 100)

I understand I may revoke this authorization at any time by notifying the Retirement Board or PERAC in writing, unless action has already been taken in reliance upon this authorization, or during an appeal under the applicable law.

This authorization will expire upon final determination of my disability application and Comprehensive Medical Evaluation/Rehabilitation/Restoration to Service process.

Signature of Patient or Legal Representative: **Date**

Printed Name of Patient or Patient's Rep.:

**Relationship to Patient/
Authority to Act for Patient, if applicable:**

Disability Type: Member: SSN:

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About the Authorization to Use or Disclose Protected Health Information

All entries must be completed for this authorization to be valid.

Please note, Retirement Boards are not covered entities under the Health Insurance Portability and Accountability Act (HIPAA), however all information is treated in a confidential manner consistent with Federal and State privacy laws.

How This Information is To Be Used

Pursuant to Massachusetts General Laws, Chapter 32, Section 6, the Public Employee Retirement Administration Commission (PERAC) is responsible for appointing regional medical panels to evaluate members seeking Disability Retirement. During the application process the Retirement Board and PERAC may obtain, share, and disclose information as necessary to complete the Disability Retirement process.

Pursuant to Massachusetts General Laws, Chapter 32, Sections 8 and 26, PERAC is also responsible for conducting Comprehensive Medical Evaluations (CMEs), offering Rehabilitation, and scheduling Restoration to Service (RTS) examinations to determine if the member is able to perform the essential duties of his/her former position, with or without rehabilitation. During this process, the Retirement Board and PERAC may obtain, share, and disclose information as necessary to complete this evaluation process. The information used/shared/disclosed during the four phases of the Disability process may include information provided by physicians, hospitals, insurance companies, employer, and other health/rehabilitation entities.

Please note, this original authorization form may be copied and reissued for the purpose of gathering and sharing protected information necessary to the Disability Application, CME, Rehabilitation, and RTS examinations.