



## Authorization to Release Certain Section 125 Cafeteria Plan (Flexible Spending Account )Information under the HIPAA Privacy Act

This authorizes Paragon Benefits to discuss with and provide to \_\_\_\_\_ any information he or she may request concerning the status of claims, including payment information, copies of explanations of benefits, and information concerning the handling or filing of any claims. This information is to be provided for the purpose of facilitating, investigating or tracking determinations of medical necessity, prior authorization, approval, denial and/or payment of claims for medical expenses under the Section 125 Cafeteria Plan Health Care Spending Account.

This authorization is effective \_\_\_\_\_, 20\_\_, and will continue in effect until it is rescinded by me, in writing. I understand that I have the right to revoke this authorization in writing at any time, except to the extent that Paragon Benefits has already relied upon it. My authorization is voluntary, and refusing to sign will not affect my ability to obtain treatment or eligibility for benefits. I also understand that any information provided to the person named above will no longer be protected by federal privacy laws.

\_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Authorized Individual (Print)

\_\_\_\_\_  
Signature of Authorized Individual



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