

PART III: NOTICES

Protected Health Information is information that is created, received, transmitted or stored by the Funds which relates to past, present, or future physical or mental health, health care, or payment for health care, and either identifies the person who is the subject of the information or provides a reasonable basis for identifying that person.

Important Notice to Individual(s) signing this PHI Access Request Form:

The PHI provided in response to this request may include diagnosis and treatment information, such as information on chronic diseases, behavioral health conditions, alcohol or substance abuse, communicable diseases, sexually-transmitted diseases, HIV/AIDS, and/or genetic marker information.

The Fund Office will usually process your request within 30 days of receiving this form. If the Fund Office needs additional time, you will be notified. If you have any questions, please contact the Fund Office.

PART IV: AUTHORIZATION

I hereby authorize the Southern California Pipe Trades Health & Welfare Fund and/or Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund, and/or the Southern California Pipe Trades Administrative Corporation ("Fund Office"), and their employees, agents and subcontractors, to disclose Protected Health Information about the patient identified in Part I of this form to the authorized recipient designated in Part II of this form. This authorization applies only to fulfilling this request for access to PHI. This authorization may be revoked by providing written notice to the Fund Office at the address on the first page of this form. Information disclosed under this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.

SIGNATURE OF REQUESTER:	X	DATE	
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