



Northern California Cement Masons Funds Administration, Inc.

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MEDICAL RELEASE

Participant's Name: _____ Soc. Sec. No.: _____

Patient's Name: _____ Relationship (check one): ☐ Self
☐ Spouse
☐ Child

PATIENT'S AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

The undersigned patient (or parent, conservator or guardian of a minor patient) hereby authorizes any provider of health care, physician or other practitioner, hospital, insurer, self-insurer, consumer reporting agency, employer, union or other labor organization or group policy holder to furnish and disclose to the Cement Masons Health and Welfare Trust Fund for Northern California and the Cement Masons Pension Trust Fund for Northern California, or any person or entity representing such Fund, all record or other information in their control or within their knowledge concerning his medical history, physical or mental condition, or any consultation, prognosis, diagnosis or treatment, for use solely in the processing of the within claim, including any procedure for the coordination of benefits or for reciprocity. The undersigned also hereby authorizes such Fund or any person or entity representing such Fund, to acquire, possess, utilize and disclose such information for such purpose, including the disclosure thereof to any provider of health care service plan or employer, union or other labor organization, or any person or entity representing any of the foregoing. This authorization shall remain valid until the claim has been fully processed, including any procedures for review or investigation of the claim after payment. The undersigned understands that he has the right to receive a true copy of this signed authorization upon demand. This authorization is intended to be valid authorization pursuant to California Civic Code Section 56.10 and shall be construed to give effect to this intention. A photocopy of this authorization shall be as valid as the original.

Patient's signature

(Patient must sign personally. If patient is a minor, the authorization may be signed by the minor's parent, conservator or guardian)

Date