



Informed Consent and Authorization: Disability Retirement Applications and Reviews, All Plans

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:	Member ID:
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NOTICE TO MEMBER: Your Kentucky Public Pensions Authority (KPPA) member ID number, social security number, address, birth date, marital status, designated survivor option information, spouse information, and medical information are classified as private data. KPPA will not share your private data with any person or agency except pursuant to your Authorization, or a valid subpoena or court order. If you do not provide the information requested by KPPA and its disability retirement third party administrator, Managed Medical Review Organization, Inc. (MMRO), the processing of your application for disability retirement benefits or periodic disability review may be delayed.

A photocopy or facsimile of this Informed Consent and Authorization shall be as valid as the original.

Authorization for KPPA and MMRO to release information.

I give my informed consent and authorize KPPA and its disability retirement third party administrator, MMRO, to provide the information in my KPPA disability retirement application or periodic review file to any independent medical examiners and consultants retained by KPPA or MMRO to assist in evaluation of my application for disability retirement benefits or periodic review of benefits. This Authorization shall become effective on the date appearing next to my signature below. This consent will remain effective until the evaluation of my disability retirement application or periodic review and any appeals thereof are complete. I understand that I may request a copy of this Authorization. I understand I have the right to revoke this Authorization at any time by notifying KPPA. I understand that revoking this Authorization may impair the processing of my application for disability retirement benefits or periodic review of disability benefits.

HIPAA Authorization for care providers and consultants to release information to KPPA and MMRO.

I hereby authorize the use and disclosure of protected health information about me as described below.

- i. The following specific person/class of person/facility is authorized to disclose information about me to KPPA, MMRO, and my attorney or authorized agent (if applicable): any health care provider, hospital, medical facility, rehabilitation consultant, or agency, or other organization.
- ii. The following person, class of persons, or entity may receive disclosure of protected health information about me: KPPA, MMRO and any independent medical examiners and consultants retained by KPPA or MMRO to assist in evaluation of my application for disability retirement benefits or periodic review of disability benefits.
- iii. The following information may be disclosed: all information with respect to any physical or mental condition and/or treatment of me, including information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse and mental health.
- iv. I understand that the information used or disclosed may be subject to re-disclosure by KPPA and MMRO as necessary to evaluate my application for disability retirement benefits or periodic review of benefits.
- v. I may revoke this authorization by notifying KPPA in writing of my desire to revoke it. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- vi. My purpose/use of the information is for my application for KPPA disability retirement benefits or periodic review of disability benefits.
- vii. This authorization expires one year from the date of my signature or upon the final determination of my eligibility for KPPA disability retirement benefits or periodic review of disability benefits, whichever is later.

Signature: _____ Date: _____

Once signed, please return this form, via mail or fax, to:

Managed Medical Review Organization, Inc.
ATTN: KPPA Claims Liaison
44090 W. 12 Mile Road
Novi, MI 48377

Fax: 248-530-7411