



Powered by OCA

## HIPAA RELEASE FORM

### My Authorization:

OCA and its ClaimsExpress service provider may obtain my Protected Health Information (PHI) via online access for substantiating transactions/claims in relation to my health reimbursement arrangement and/or flexible spending accounts. To do so, I hereby authorize OCA to access my account with the password and user ID supplied below. I authorize any information necessary to substantiate claims to be released in writing and either mailed or sent electronically as requested by OCA. This authorization is strictly for the use of substantiating and/or reimbursing eligible expenses associated with my health reimbursement arrangement and/or flexible spending accounts and will not be discussed with anyone other than me unless provided requested in writing by me. Authorization is granted for access to medical, pharmacy, dental, vision and all other related plans.

### My Rights:

My authorization is effective until I revoke it in writing. I may revoke this authorization at any time by writing to OCA.

### OCA Responsibilities:

OCA will maintain the privacy of your protected health information as required by law and follow all privacy practices and procedures currently in effect.

### My Access Information:

Print Name as it appears on your Insurance card:

Employer Name:

Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Health Plan Online User ID: \_\_\_\_\_ Password: \_\_\_\_\_

### Disclosure and Election:

☐ I elect to disclose and discuss my PHI with OCA. I will notify OCA if I change my password in writing. If I do not notify OCA of a change, transactions may not be substantiated/resolved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



United Healthcare (UHC) requires all participants to sign up for their new feature, HealthSafe ID, which requires participants to answer a few security questions when creating their UHC login. Participants need to set their HealthSafe ID account to accept security questions, rather than phone number. Participants must then answer 3 security questions. Below is the list of potential security questions that were asked on your UHC portal. Please answer below, **ONLY THE APPLICABLE SECURITY QUESTIONS THAT YOU CHOOSE** when creating your UHC account. This will allow OCA access to your UHC account and process your EOBs.

**Provide only those three (3) that are applicable:**

What is your best friend's name? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

Who is your favorite sports team? \_\_\_\_\_

What is your maternal grandmother's maiden name? \_\_\_\_\_

What is the name of the company of your first job? \_\_\_\_\_

What was your first car make and model? \_\_\_\_\_

What was your high school mascot? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What is your father's middle name? \_\_\_\_\_

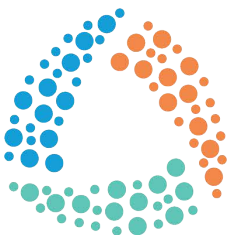
What is the name of your first pet? \_\_\_\_\_

What school did you attend in first grade? \_\_\_\_\_

What is the city and state of your birth? \_\_\_\_\_

What was your dream job as a child? \_\_\_\_\_

What was your first phone number? \_\_\_\_\_



# Oca

Office of  
Compliant  
Administration