



Authorization for the Release of Personally Identifiable Information (PII)

Triad National Security, LLC ("Triad") understands that the personally identifiable information (PII) of its employees is private and confidential. Further, Department of Energy (DOE), National Nuclear Security Administration (NNSA) and Los Alamos National Laboratory (LANL) policies require the protection of PII.

Human Resources Benefits (HR-B) must obtain written authorization from an employee before communicating with the employee's family or any other individual regarding any of the employee's PII.

This form must be completed, signed and dated by the employee in order for HR-B to release any of the employee's PII. The information is limited to Triad's disability process as it relates to the employee, and will not include any Protected Health Information (PHI) covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or the Federal Privacy Act, or any disability claim information or medical information regarding the employee's health condition. The employee is under no obligation to provide an authorization if they do not wish to do so.

I, _____ (employee name; Z#), employee, hereby authorize Triad to disclose my PII as follows:

Disclosure to: _____ (name of authorized family member or employee's representative), whose phone number and email are: _____ (phone and email)

may receive information and or updates relating to the employee for the following purposes:

- a. Triad Disability Process
- b. MetLife contact information
- c. Triad Health & Welfare Plan enrollments
- d. Coordination required by LANL Occupational Medicine
- e. Triad Retirement Process

I understand that I may revoke this authorization in writing at any time. My right to revoke will be limited if the entity I have authorized to disclose information to has taken action to reliance on my authorization. To revoke the authorization, submit a written revocation to the LANL HR-B office Disability Coordinator handling my case.

I understand this authorization will expire one year from the date of the signature below.

Employee Signature

Date

Disability Coordinator

Date