



Plan Member Personal Information Authorization

Approval Status

Not Started

Before signing, the Plan Member and/or Plan Member's Personal Representative, Parent, or Guardian should review and understand the terms of this Plan Member Personal Information Authorization ("Authorization").

By signing this agreement, I authorize World Class Health to collect and process my personal information, including information related to my health conditions, such as health history, insurance details, healthcare providers, treatment plans, and dates of treatment, for the purposes of World Class Health providing the following services to me:

- Assisting me with utilizing the medical travel option offered by my Group Health Benefit Plan;
- Helping me understand the process, considerations, concerns, and risks associated with traveling to receive healthcare services;
- Helping me identify suitable medical travel alternatives and communicate with specialty physicians associated with reputable health care providers;
- Coordinating the transfer of my health information between me, my local healthcare provider(s), and travel destination healthcare providers;
- Coordinating the logistics of my care as needed, including appointment scheduling and post-surgical care coordination;
- Assisting me with making travel arrangements, including procurement of passports and airline tickets; and
- Obtaining authorization from my Group Health Benefit Plan and coordinating payment with providers for cost of travel and treatment.

I specifically authorize the following with respect to the collection and processing of my personal information:

- My healthcare providers may share my personal information with World Class Health for the purposes of World Class Health's administrative support for and management of services related to my medical care, transfer of my medical records between and among my healthcare providers and facilities as needed to support my care, and to coordinate my travel and other non-healthcare related services.
- World Class Health may use the personal information it collects about me for its internal purposes, including to analyze patient outcomes and to improve and enhance its services.
- World Class Health may share my personal information with the following parties as needed in order to provide services to me:
 - My healthcare providers;
 - Other healthcare providers who may be able to provide me services, including for post-surgical care;
 - Travel companies, including airlines and hotels;
 - World Class Health's own service providers and vendors as needed to support its business operations;
 - Government authorities if required by law;
 - With successors in interest should World Class Health be sold or acquired by another company; and
 - With other third parties with my consent.

I understand that World Class Health will protect my personal information in compliance with applicable laws. However, while my personal information may be defined as protected health information (PHI), once it is transferred to World Class Health, the Health Insurance Portability and Accountability Act (HIPAA) and applicable regulations and protections may not apply to it. I further understand that this authorization will expire ten years after the date of my last use of the World Class Health services.

I acknowledge that World Class Health may use and retain my information in aggregated or de-identified format for the purposes of conducting further research and analysis, but that, once information is aggregated or de-identified, it will no longer be considered my personal information.

I understand that I have the right to revoke this authorization at any time by contacting info@worldclasshealth.com except to the extent World Class Health has taken action in reliance on the authorization. I acknowledge that my withdrawal of such authorization may mean that I cannot utilize World Class Health services.

Patient Legal Name (pre-filled for you) Me Mo Mo

Are you the person who would be receiving healthcare services through World Class Health? No, I'm here on behalf of someone else

Your Signature 

Today's Date Wednesday, January 22, 2025