

**AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH INFORMATION**

1. **Authorization:** I hereby authorize (CHECK EACH BOX THAT IS APPLICABLE) the VMware, Inc. Flexible Spending Account Plan (health care reimbursement portion only) (or) VMware, Inc. Group Health and Welfare Benefit Plan to disclose to _____ (INSERT NAMES OF APPROVED RECIPIENTS) the following protected health information (“PHI”) (describe in detail the PHI which you approve to be disclosed):

2. **Purpose Of The Disclosure:** At the request of the individual.

3. **Revocation Rights:** I understand that I have the right to revoke this Authorization at any time by sending a written notice of revocation to the US Benefits Team, VMware, Inc., 3401 Hillview Avenue, Palo Alto, California, 94304. I understand that the revocation will become effective upon receipt. I understand that any PHI disclosed pursuant to this Authorization before the effective date of a revocation will not be subject to the revocation.

4. **Further Disclosure:** I understand that once PHI is disclosed pursuant to this Authorization, the PHI may no longer be protected under federal law, and the recipient may further disclose the PHI received pursuant to this Authorization without my consent as permitted by applicable state law to the extent not preempted by HIPAA.

5. **Expiration Date:** I understand that this Authorization will expire upon the termination of my coverage with VMware, Inc..

6. I understand that neither treatment, payment, enrollment, nor eligibility for benefits will be conditioned on my signing this Authorization.

7. I understand that I am entitled to receive a copy of this Authorization.

Signature: _____ Date: _____

Print Name: _____

If completed by a personal representative:¹

Name of Personal Representative: _____

Please Print

Signature of Personal Representative: _____ Date: _____

¹ Personal representative must attach either (a) a power of attorney for healthcare purposes, or a general power of attorney, notarized by a notary public; (b) a court order appointing the personal representative to act as the participant’s conservator or guardian; or (c) other proof of authority to act on the participant’s behalf which VMware, Inc., in its sole and absolute discretion, deems acceptable.