Member's Authorization for Release of Information

Please note:

The member named below should be the person signing this authorization and consenting to the release of information. If the member is a minor, a parent or legal guardian must sign. If the member is unable to sign for any other reason, a legal representative must sign the authorization and submit documentation to verify the authority to sign.

Member's Name: ______________________ Member's ID#: _______________ Date of Birth: ________________

Address: __________________________________ Daytime Phone Number: ____________________________

I authorize Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA), to disclose claims and medical information in its files relating to ______________________ (member's name) as follows:

Please circle one answer for each option listed (circle "No" if not applicable)

I authorize release … *of these records*

Yes No Alcoholism, substance abuse, drug abuse

Yes No HIV testing and/or AIDS diagnosis or treatment

Yes No Mental health

Yes No Claims and information for any and all other conditions

Yes No Only the claims and medical information listed here (please describe in detail):

____

Name of person or entity to receive information: ____

Address: ____

____

This authorization is valid for one year from the date I sign it. I may revoke this authorization at any time by notifying BCBSMA in writing. I understand that a revocation will not apply to information that was already released while this authorization was in effect. I understand that once information has been released according to these instructions, BCBSMA will not be able to limit the recipient's use or disclosure of the information, and privacy laws may no longer protect the information. I may receive a copy of this authorization and agree that a photocopy is as valid as the original.

Signature: ____________________________ Print name: ___________________________ Date: _________

If not the member, please state your relationship to the member (for example, "parent") here: