



Instructions for Harvard Pilgrim's Member Authorization Form

You must complete pages 2-3 of the Member Authorization Form if you are authorizing Harvard Pilgrim to obtain any portion of your health care information from another individual.

It's as Easy as One, Two, Three.....

- 1.) **Fill out Section #1:** This section contains important Member Information
- 2.) **Fill out Section #2:** This section tells Harvard Pilgrim what health information to **obtain**, from whom we should obtain this information and for what purpose.
- 3.) **Fill out Section #3:** This section tells Harvard Pilgrim that you have read and understand the Terms of this Member Authorization.

HARVARD PILGRIM HEALTH CARE

MEMBER AUTHORIZATION TO OBTAIN PROTECTED HEALTH INFORMATION

Section #1: Member Information

Member's Name: _____
Last First Middle

HPHC ID # _____ (Social Security #) ____ - ____ - _____ (optional)

Home Address: _____

Home Telephone: (____) _____ Date of Birth: _____

Section #2: Information Being Requested

I hereby authorize _____ (*be as specific as possible*) (For example: This information will be provided to Harvard Pilgrim's Account Services-Disability Verification representatives and Medical Management representatives.)

to obtain the following health information, noted below.

Be specific and include the role of the person(s) to whom we are making the request and their name(s), type of information, & dates.

(For example: Harvard Pilgrim can obtain my records for my heart condition prior to my enrollment in the Plan, from my physician Dr. John Smith at MGH from 1995 - 1998).

STATUTORILY PROTECTED INFORMATION

Please include the following type(s) of information. Such information cannot be released from your records unless you indicate your authorization by initialing the space next to each category and provide your signature below.

- Mental Health _____
- Alcohol and substance abuse _____
- Abortion _____
- Sexually Transmitted Diseases _____
- Physical Abuse _____
- AIDS/ARC _____
- HIV Testing _____
- Genetic Testing _____

SIGNATURE REQUIRED

I hereby authorize release of any data in my records for the categories indicated above by my initials.

This information will be used for the following purpose(s):

(For example: To resolve my appeal and determine if Harvard Pilgrim can provide coverage for services. It is sufficient for a member to indicate 'at my request' if he/she elects not to detail the purpose)

Section #3: Terms of this Authorization

Please indicate that you have read and understand the terms of this Authorization. (If you need assistance or have questions, please call 1-888-888-4742 or TTY#1-800-637-8257)

I understand that Harvard Pilgrim will not condition my treatment, enrollment or eligibility for health insurance benefits on my signing of this Authorization.

I understand that I may revoke this Authorization in writing at any time.

I understand that I have a right to receive a copy of this Authorization upon request.

I understand this Member Authorization will remain in effect until _____ (enter date or event here) _____, or until I revoke it in writing, but no longer than 30 months from the date that I sign this Authorization.

I understand that Harvard Pilgrim will not use or re-disclose the PHI obtained for any reason not indicated in Section #2 of this form.

I have read and understand the terms of this Authorization and I hereby authorize the use and release of my health information in the manner described in this Authorization

Signature of Individual/Designated Personal Representative**

Date

Printed name of Member

Printed name of Personal Representative

**Note: If this form is signed by anyone other than you, the Member Authorization is not valid unless your Designated Personal Representative documentation is on file with HPHC.

If Individual is a minor, please complete the information below:

Signature of authorized
Legal Guardian

Relationship

Date

Printed name of Legal Guardian

For Harvard Pilgrim use only

Date stamp

Copy of Authorization Sent to Member (Y) (N)

Date sent: _____

Is this an Authorization for electronic feed? (Y) (N)

Indicate where a hard copy can be located: _____