

Authorization to Use and/or Disclose Personal Health Information



The People First Service Center, on behalf of State Group Insurance Plan ("Plan"), cannot use or disclose your health information (or the health information of your children or other people on whose behalf you can act) for certain purposes without your authorization. This form is intended to meet the authorization requirement.

- You must respond to each section, sign and date this form for the authorization to be valid.
- To authorize the use and/or disclosure of any records or documents the Plan may have that were taken by a mental health professional, including a psychiatrist or a psychologist, during a counseling session, you must complete a form for the counseling session records or documents and a separate form for other health information.
- Under HIPAA, you have the right to authorize the release of all information or to describe and limit the information to be released.

Section A: Health Information to be Used or Disclosed.

- Describe in a specific and meaningful way the information to be disclosed. Example descriptions include medical records relating to your appendectomy, laboratory results, and medical records from [date] to [date], or the results of an MRI performed in [month] [year].

Section B: Purpose(s) for which Information will be Used or Disclosed.

- Describe each purpose for which the information will be used or released. If you initiate the authorization and do not wish to provide a statement of purposes, you may select "at my request."

Section C: Expiration.

- Specify when this authorization will expire. For example, you may state a specific date, a specific period of time following the date you signed this Authorization Form, or the resolution of the dispute for which you've requested assistance.

Signature Line.

- If you are authorizing the release of someone else's health information, then you must describe your authority to act for the individual.
- Complete and sign this form and send or fax it to:

People First Service Center
PO Box 6830
Tallahassee, FL 32314

Fax to (800) 422-3128

- For help, call (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

Authorization to Use and/or Disclose Personal Health Information

Section C: Expiration of Authorization.

Specify when the Authorization expires. (Provide a date or triggering event related to the use or disclosure of the information.)

- On the following date: _____
- Upon the passage of the following amount of time: _____
- Upon disenrollment from my State-sponsored health plan.
- Upon my return from FMLA leave.
- Other (please specify). _____

III. Your rights:

- You can revoke this Authorization at any time by submitting a written revocation to the address below.
- A revocation will not apply to information that has already been used or disclosed in reliance on the Authorization.
- Once the information has been disclosed pursuant to this Authorization, neither the Plan nor People First has control over the use and distribution by recipient.
- The Plan may not condition Treatment, Payment, Enrollment or Eligibility for benefits on whether you sign the Authorization.
- If this Authorization is requested so the Plan can make an eligibility or enrollment determination, then the Individual may be ineligible for enrollment or benefits if you fail to sign this form. This applies to persons not yet enrolled in the Plan.
- We will provide you a copy of your signed Authorization Form upon request.

IV. Your Authorization:

This form must be signed by the Individual, parent of minor child or the personal representative. The personal representative includes persons with power of attorney, legal guardian, executor or administrator of an estate.

Signature of Individual or Personal Representative

Date

If you are signing as a personal representative, attach a copy of your legal documents.

Personal Representative's Name (Print)

Relationship to Individual

Personal Representative's Address

City

State

Zip

(____) _____
Personal Representative's Telephone Number

Keep a copy for your records and send the completed form to the following address or fax number:

People First Service Center
PO Box 6830
Tallahassee, FL 32314
Fax to (800) 422-3128