

Authorization for Release of Information To Agents Pertaining to the Application Process

Member Information (person granting release of information)

Applicant's Name _____ Applicant's ID# _____
Date of Birth _____

Purpose for this Release (must be checked by applicant for release of information)

Request of applicant or personal representative

Blue Cross may release this information to:

Agent's Name _____
Agency Code and Number _____
Address _____
Phone Number _____

I authorize Blue Cross to release the following information:

Provider's name of Medical Records Requests from BCBSM Underwriting (behavioral health Provider's names are excluded)

Release of medical questionnaire type (behavioral health questionnaires are excluded)

Release of behavioral health questionnaires

If the information relates to behavioral health substance abuse or behavioral health mental health care, we must have the name of the treatment facilities or program(s) to release information:

If the information relates to diagnosis or treatment of behavioral health substance abuse or behavioral health mental health care I understand that the person(s) I have named to receive the information must treat it as confidential. The information cannot be disclosed again without another signed authorization from me. For all information other than diagnosis or treatment of behavioral health substance abuse or behavioral health mental health care, I understand that the person(s) I have named to receive information may not be subject to privacy laws. They may be able to release the information and privacy laws may no longer protect it.

Right to Revoke - I understand that I may cancel this authorization in writing at any time, but it will not affect any release of any information processed before I cancel it.

Signature of Applicant

____ - ____ - ____
Date

Signature of Parent or Personal Representative/Relationship to Member

____ - ____ - ____
Date

This authorization is valid for one year after the date it is signed, unless an earlier expiration date is indicated here: _____

Note: You have a right to keep a copy of this notice after you sign it.