



AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Use this form to authorize BCBSM/BCN to disclose your protected health information (PHI) as specified to an individual other than yourself or as permitted in our Notice of Privacy Practices.

Section A: Authorization

I authorize the use and disclosure of my protected health information (PHI) as described in Sections B and C below. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

NAME		DAYTIME PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	CONTRACT NUMBER

Section B: PHI Use and Disclosure (NOTE: Use Form 7656 to authorize use and disclosure of psychotherapy notes.)

Describe in detail the PHI to be used and disclosed (providers, treatment dates, type of service, etc.):

Check here if your authorization includes the disclosure of PHI regarding testing or treatment for AIDS, AIDS-related complex or HIV.

BCBSM, BCN and BCMI members - Please check if your authorization includes the disclosure of PHI regarding:

- Substance abuse** (including alcoholism)
- Mental Health Services** (excluding psychotherapy notes)

Section C: Authorized Uses and Disclosures as described in Section B

NOTE: If PHI is disclosed under your authorization to persons or organizations not subject to federal privacy laws, it may be re-disclosed and no longer protected.

I authorize BCBSM, BCN or BCMI (circle one) to disclose my PHI to the following person(s) and entities:

MINUTE MAN SERVICES, INC., 3318 N. MAIN, ROYAL OAK, MI 48073

The purpose(s) of this disclosure is:
LEGAL REVIEW

I authorize the following person(s) and entities to disclose my PHI to BCBSM, BCN or BCMI (circle one).

The purpose(s) of this disclosure is:

Section D: Expiration and Revocation

This authorization will expire on: _____ OR when the following occurs: (1) ONE YEAR FROM DATE SIGNED

I understand that I can revoke this authorization at any time by submitting a written request on a standard form, available by calling 313-225-9000. I understand that revocation will not affect actions taken before receipt of my request.

Section E: Signature

Signature

Date

*If you are not the member, please sign and write today's date below, then check the box that describes your relationship to the member. **If you are not the member or parent of the member, please attach proof of your relationship to the member.***

Print Name of Personal Representative: _____

Signature of Personal Representative

Date

- Parent of Legal Guardian Power of Attorney Executor Other _____
minor child

Mailing Instructions

Please mail completed authorizations to the BCBSM, BCN or BCMI teams that will release the PHI. Members who are unsure of the mailing address should call a customer service representative at the number on the back of their Blues ID card, or the Blues operator at 313-225-9000.

WE WILL MAIL YOU A COPY OF THIS SIGNED AUTHORIZATION