



AUTHORIZATION FOR DISCLOSURE OF DEPENDENTS' PROTECTED HEALTH INFORMATION

In accordance with the Health Insurance Portability and Accountability Act of 1996 (**HIPAA**), which was enacted to protect the privacy of individual's Protected Health Information (**PHI**), Health Plans, Inc. requires your written authorization to enable us to provide online access to your claims and/or enrollment information to your policyholder (plan subscriber).

If you are age 18 years or older, and would like to allow your plan subscriber to have online access to your Protected Health Information through Health Plans' claims/benefit viewing system, or if you would like online access to your own information, please provide the information requested below and sign where indicated.

PLAN SUBSCRIBER _____ HEALTH PLANS MEMBER ID# _____

PLEASE PRINT YOUR NAME _____ DATE OF BIRTH ____/____/____

YOUR RELATIONSHIP TO SUBSCRIBER: SPOUSE EX-SPOUSE DEPENDENT (AGE 18+)

Please select one of the following options:

- I would like to grant online access to my claims and enrollment information to my plan subscriber (named above).
- I would like online access to my own claims and enrollment information.*
- I would like to grant online access to my claims and enrollment information to myself **and** my plan subscriber.*

****(If you request access for yourself, please provide your email address and choice of User ID in the box below.)***

REQUEST FOR ONLINE ACCESS TO CLAIMS AND ENROLLMENT INFORMATION (REQUIRED FOR DEPENDENT ACCESS)

Please provide your **email address** _____
(Health Plans will email a password for you to use the first time you log in. When you log in for the first time, you will be prompted to change your password to a unique, personal password.)

Please select a personal **User ID** _____
(8-12 characters; not your Health Plans Member ID#)

YOUR SIGNATURE _____ DATE ____/____/____

*The HIPAA Privacy and Security Regulations govern the use and disclosure of Protected Health Information (PHI). To comply with federal law, Health Plans, Inc. is required under HIPAA to obtain your authorization for others to access your PHI. If you provide such authorization, you may revoke the authorization **in writing**, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we had previously used or disclosed, relying on the authorization that was in force at the time.*