



# HIPAA Authorization to Disclose Protected Health Information

## Section 1

Company Name \_\_\_\_\_

This authorization to release health information is for \_\_\_\_\_  
 participant  spouse  dependent child (Please check one)

Member ID# \_\_\_\_\_ Day Phone #: \_\_\_\_\_

**If this authorization is for someone other than the participant, please provide the participant's name and member ID number.**

Name \_\_\_\_\_ Member ID: \_\_\_\_\_

## Section 2

The following health information may be disclosed:

Medical  Dental  Flex  Other: \_\_\_\_\_

## Section 3

The following person(s) or group may receive the health information designated above:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby authorize the use and/or disclosure of my individual identifiable health information as described above. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be further disclosed and may no longer be protected by the federal privacy regulations.

## Section 4

Signature of Individual Authorizing Release of Information \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**If signed by an individual's authorized representative, describe the representative's authority:**

- Member is a minor; I am the member's parent or legal guardian
- Member is deceased. I am the member's surviving spouse or the executor/administrator of the member's estate
- I am the Member's agent, as designated in the member's Durable Power of Attorney for Health Care.
- Other (describe) \_\_\_\_\_

This Authorization expires upon termination of enrollment in the health plan unless another date is indicated in this section. If a different date is requested, please specify the (1) date or (2) event that relates to the purpose of this use or disclosure.

### Your Rights:

- You may revoke this Authorization at any time by providing written notice to Sabine-Neches Administrators, LC P.O. Box 7306 Beaumont, Texas 77726-7306. Your revocation will not affect any actions already taken in reliance on this authorization.
- You are entitled to receive a copy of this authorization upon request.
- You may inspect or copy any information to be used or disclosed under this Authorization.



## Protected Health Information Q & A

### HIPAA and the Privacy Rule, Generally

#### **What is the HIPAA Privacy Rule? What does it protect?**

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a federal law that was passed by Congress in 1996. There is a section of HIPAA called the Privacy Rule. The HIPAA Privacy Rule was enacted in order to protect your privacy when it comes to your “protected health information” (also called “PHI”). The HIPAA Privacy Rule went into effect on April 14, 2003. This Privacy Rule gives specific requirements and rules to health insurance organizations (such as the Sabine-Neches Health & Welfare Plan), health care providers and health care clearing houses which they must follow in order to protect your PHI.

#### **What is “protected health information” or “PHI”?**

Protected health information, also called PHI, is any information that can identify you which is used or held by a health insurance organization (such as the Sabine-Neches Health & Welfare Plan) or a health care provider. PHI includes information that may not seem like health information. It includes such information as: your name, address, phone number, date of admission or discharge, date of birth, email address or social security number. Of course, things like your diagnosis or the kind of medication you’re taking is also PHI (if it identifies you). As a result of the HIPAA Privacy Rule, there will be changes in how the Sabine-Neches Health & Welfare Plan is allowed to deal with everyone, including you, your friends and family members, Health Benefit Representatives – everyone.

### How Does HIPAA Affect Me? New Procedures with the Sabine-Neches Health & Welfare Plan

#### **How does the HIPAA Privacy Rule affect me and how I deal with the staff of GreenTree Administrators and its representatives?**

First, Greentree Administrators wants to point out that the HIPAA Privacy Rule does not affect your coverage under the Sabine-Neches Health & Welfare Plan. However, as a result of this rule, the two biggest changes regarding how you deal with the Sabine-Neches Health & Welfare Plan are: (1) the requirement that GreenTree Administrators receive your written authorization before speaking to someone else about your PHI, and (2) verifying the identity of the person asking for your PHI.

#### **Authorizations:**

Generally, GreenTree Administrators and its representatives will require written authorization from you before they will discuss your PHI with another person. This written authorization must be on a certain form.

## When Do I Need a Written Authorization?

*Note: A HIPAA form must be filled out on each family member. Spouse must fill one out on themselves as well as any dependent child 18 years of age or older. Employee must fill one out on each dependent child under the age of 18. Additional forms can be faxed, emailed or mailed upon request. You can also go online to find additional forms.*

### **What is an authorization?**

An authorization consists of giving another person permission to receive and have access to your PHI. You give this permission by signing an authorization form and submitting it to GreenTree Administrators.

### **Can my spouse, my friends or other family members receive my PHI from GreenTree Administrators or its representatives without first submitting a written authorization?**

No. GreenTree Administrators will require your written authorization before they will discuss your PHI with another person--including spouses and friends.

### **I am the parent of a child who is under 18. Can I still find out about his or her PHI?**

If you are the member, yes. If you are the spouse or someone else, the member must fill out an authorization form.

### **I have a child over the age of 18 who is covered through me. Can I still receive this child's PHI?**

You will need an authorization to receive all non-payment PHI regarding your adult child. The child must fill out an authorization form.

### **I have dependent coverage. Can I still receive payment information on my dependents without an authorization?**

Yes. If you have dependent coverage, you may receive payment information on your dependents without an authorization. This includes how much is left to meet your deductible and out of pocket expenses. To receive non-payment PHI, you will need an authorization from the dependent unless said dependent is a child under the age of 18.

### **Can my dependents receive my PHI or other dependents' PHI without an authorization?**

No. Your dependents cannot receive PHI about you or other dependents, including payment information, without an authorization.

## How to Get an Authorization Form and Submit it to the Plan

### **How can I get an authorization form?**

You may call Mary Jane or Deborah at the Mill or you can call Donna Martel at GreenTree Administrators (409-832-2335 Ext. 159) and request a form be faxed or mailed to you.

**Whom do I send the form to?**

First, read the authorization form carefully and fill out the entire form. If the entire form is not filled out, GreenTree Administrators may not be able to accept it. (In other words, GreenTree Administrators won't be able to give your PHI to the person you are authorizing.) Plan members should send their form to:

GreenTree Administrators

Attn: Donna Martel

Box 7306

Beaumont, TX 77726

**If authorization is received with wrong or incomplete information will I be notified?**

Yes. It will be sent back to you with a blank form for you to re-submit. To avoid this, please read the authorization form carefully and fill out the entire form.

**Powers of Attorney****If I already have a valid power of attorney on file, do I need to send in another one?**

No. As long as the power of attorney is legally valid, GreenTree Administrators and its representatives will disclose PHI consistent with the power of attorney.

**Verification: Information You Will Need When Calling the Plan****When I call GreenTree Administrators will they ask for certain information to verify my identity (i.e. make sure I am who I say I am)?**

Yes. If you call about your own PHI, GreenTree Administrators will ask you for certain verification information. This process will be similar to calling your credit card company.

**When the people I authorize call GreenTree Administrators, will they ask for certain information to verify their identity (i.e. make sure they are who they say they are)?**

Yes. In order to verify their identity, GreenTree Administrators will ask authorized persons for certain verification information.