



In accordance with the HIPAA Privacy Laws, we cannot release your health information without your written consent. The purpose of this form is to allow Blue Cross and Blue Shield of Louisiana and its subsidiary HMO Louisiana, Inc. to share your protected health information at your request. If you want the information disclosed to another party please complete and sign this consent form.

### HIPAA Authorization Form

<b>A</b>	Member Name	Member ID
----------	-------------	-----------

<b>B</b>	Requests Blue Cross and Blue Shield of Louisiana and its subsidiary HMO Louisiana, Inc. to release information to:	
	Name	Address

<b>C</b>	This authorization applies to: <i>(check one)</i>	
	<input type="checkbox"/> One service only Date of Service: _____ Doctor/Supplier: _____	
	<input type="checkbox"/> All services from (doctor or supplier): _____	
	<input type="checkbox"/> Information on other health coverage: _____	
	<input type="checkbox"/> Deductible information for (year): _____	
	<input type="checkbox"/> Copy of Explanation of Benefits for:	
	Date of Service: _____	
	Doctor/Supplier: _____	
	<input type="checkbox"/> All services (all dates and all providers)	<input type="checkbox"/> Medicare eligibility information

<b>D</b>	State how long you wish this authorization to be in effect: <i>(check one)</i>
	<input type="checkbox"/> One time release <input type="checkbox"/> Ongoing release until otherwise revoked, or until the specified time period of this authorization exists. A revocation will not apply to information already released.

If you have any questions or need additional assistance please contact Blue Advantage Customer Service, 8 a.m. – 8 p.m., seven days a week at 1-866-508-7145 TTY users should call the Relay Service at 711. Also, if you need help understanding the information in this letter/form/document/correspondence, please contact Customer Service at the number above for free language translator services. You may receive a messaging service on weekends and holidays from April 1 through September 30. Please leave a message and your call will be returned the next business day.

**Return this form to:** Blue Cross and Blue Shield of Louisiana / HMO Louisiana, Inc.  
 P.O. Box 7003  
 Troy, MI 48007

<b>E</b>	Member Signature (required)	
	<p><i>Refusal to sign this authorization will have no effect on your enrollment, eligibility for benefits, or the amount Blue Advantage pays for the health services you receive. You may withdraw your permission to allow Blue Advantage to share your information with those listed on this form by writing to us at the address listed on page 1. The information disclosed may no longer be protected by the HIPAA Privacy Rules or may be re-disclosed by the individual to whom it was given.</i></p> <p>I, _____, have read and thought about the contents of this form. I agree that the information I put on this form is correct. I understand that by signing this form I am giving permission to Blue Advantage to share my protected health information with those listed in Section B.</p>	
	Signature	Date
	If this form is signed by someone other than the member, please complete Section F.	
<b>F</b>	<p>Legal Representative: If this authorization is signed by a legal representative* or someone other than the member on behalf of the person listed in Section A, complete the following:</p>	
	Personal Representative's Name	Relationship to the Individual
	<p>Note: You MUST attach legal documentation of guardianship or Power of Attorney. This documentation is required to process the authorization form.</p> <p>* <i>Legal representative is a legal designation and generally refers to the parent of a minor, legal guardian or holder of Power of Attorney.</i></p>	

Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

19-416\_Y0132\_C

18NW2257 R12/19

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service & Indemnity Co., offers Blue Advantage (PPO). Both are independent licensees of the Blue Cross and Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.