



Member Authorization Form To Release Information

Dear Member,

The enclosed form is used to obtain authorization from the member whose information will be released, or from the member's personal representative, to disclose the member's information to an individual or organization not otherwise authorized to receive this information.

This form is also used to obtain specific authorization to use or disclose a member's psychotherapy notes or to disclose member information related to HIV, mental health, or substance abuse.

CORRESPONDENCE UNIT • AVALON INSURANCE COMPANY • PO Box 779519 • HARRISBURG, PA 17177-9519

AvalonInsurance.com

FAX: 717.651.8731



Directions for Completing the Member Authorization Form To Release Information

This form is used to obtain authorization from the member, or the member's personal representative, to disclose the member's information to an individual or organization not otherwise authorized to receive this information. This form is also used to receive member authorization to use or disclose a member's psychotherapy notes or to disclose member information related to HIV, mental health, or substance abuse. This form may only be signed by the member or the member's "personal representative" (see description of personal representative below).

PLEASE PRINT

Member Information: Complete all information requested in this section for the member whose information will be released.

Important: Name, Address, ID Number, and Date of Birth are required.

- **ID Number:** List each ID number shown on the member's Avalon® Insurance Company ID card(s) that would apply to this authorization.

Authorization: There are two sections here.

Section I: The first section must always be completed. You must identify the individual(s) or organization(s) to receive the information. Describe the information as specifically as possible. If more space is needed to describe the information, use the back of the form. Next, describe why this information is being disclosed or check "This information is being disclosed at the request of the member or the member's personal representative." If no Purpose of Disclosure is given, Avalon will assume that this information is being disclosed at the request of the member or the member's personal representative.

Section II: The second section is to be completed only if the information to be used or disclosed includes psychotherapy notes, or if the disclosure involves HIV, mental health, or substance abuse information.

If this authorization is being used for psychotherapy notes, it can only be used for that specific purpose and no other.

Psychotherapy notes are defined in the Health Insurance Portability and Accountability (HIPAA) Privacy Rule as:

Notes made by a mental health professional that document or analyze the contents of conversations during counseling sessions, which are kept separate from the rest of the member's medical record, and exclude medication, prescription, monitoring, counseling session start and stop times, treatment modalities and frequencies, clinical test results, diagnosis, functional status, treatment plan, symptoms, prognosis, or progress summary.

Expiration and Revocation: Expiration information must be completed for an authorization to be valid. Check one of the three boxes provided to show when you want this authorization to expire. If you check the "This specific date" box, you must write in a specific date. If no expiration box is checked, this form will expire 60 months after termination of enrollment with Avalon.

To revoke this authorization form, contact the Customer Service number on the member's ID card.

Personal Representative Information: A personal representative is the member's legal guardian or someone who has power of attorney over the member's healthcare decisions, or a parent, if the member is a dependent child under the age of 18 and not an emancipated minor. Also, a personal representative can be an executor, administrator, or person legally authorized to act on behalf of a deceased member or the member's estate. Other than a parent acting on behalf of a dependent child, under the age of 18 who is not an emancipated minor, we require a copy of the power of attorney or other court-initiated document as proof that the individual named should be recognized as the member's personal representative. For this form to be processed, it is important that a copy of any applicable power of attorney or other court-initiated document is included when you return this form to Avalon Insurance Company or its assignees.

Signature/Date: The member whose information will be released or the member's personal representative must print their name, sign, and date this form for it to be processed.

If you have questions about this form, contact the Customer Service number on your ID card.

Unless directed otherwise, please return this completed and signed form to:

Correspondence Unit
Avalon Insurance Company
PO Box 779519
Harrisburg, PA 17177-9519
Fax: 717.651.8731

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