

**BLUE MEDICARE ADVANTAGE
GENERAL AUTHORIZATION TO DISCLOSE PHI**

Member Whose Information Is to be Disclosed: _____

Contract Holder Name: _____

Member ID. Number: _____

Telephone Number: _____

Disclosing Entity: **Blue Medicare Advantage**
 2301 Main, Kansas City, MO 64108

PHI Disclosed: the following Protected Health Information (PHI) is to be disclosed:

- ☐ All PHI necessary for the purpose(s) stated below.
- ☐ Other (Please describe the PHI to be used and/or disclosed).

Receiving Entity: PHI is to be disclosed to the following person/organization:

Name _____ Phone _____

Address _____

* Note: for disclosure to an Application (App), please complete the Interoperability Patient Access API Authorization instead of this Form

Purpose of this Authorization: I am requesting the disclosure of my PHI for the following purpose(s):

- ☐ For assistance with any payment or healthcare operations issue
- ☐ PHI necessary for the purpose of obtaining records in relation to litigation
 - ☐ Limited to these specific dates from _____ to _____
(if no dates are specified, unlimited time period may be released)
- ☐ Other (Please describe the purpose of this authorization) _____

Expiration: This authorization will expire on ____/____/____

(If no date is specified, the authorization will expire three (3) years from the date signed)

Right to Revoke: You may revoke this authorization at any time by giving written notice of your revocation to the Contact Office listed below. Revocation of this authorization will *not* affect any action the discloser or recipient of the PHI took in reliance on this authorization before the discloser or recipient received your written notice of revocation.

Contact Office: Central Operations (COPS)
 Blue Medicare Advantage

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.



Address: P.O. Box 419169, Kansas City, MO 64141
Fax: 816-398-6582
Email: MAPrivacy@BlueKC.com

No Conditions: This authorization is voluntary. Blue KC will not condition your enrollment in a health plan, eligibility for benefits, or processing/payment of claims on this authorization.

Effect of Granting this Authorization: The PHI disclosed pursuant to this authorization may be further disclosed by the recipient and may no longer be protected under HIPAA.

MEMBER'S OR PERSONAL REPRESENTATIVE'S SIGNATURE

I, _____, have had full opportunity to read and consider the
(please print name)

contents of this authorization, and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my PHI, as described in this form.

Signature: _____ Date: _____

*** If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

**YOU MAY WISH TO MAKE A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS AFTER
YOU SIGN IT AND BEFORE RETURNING IT**

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc. and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.