



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



Authorization for Disclosure of Protected Health Information (PHI)
Customer Service Department

Member Name: _____
Patient Record Number: _____ **Date of Birth:** ____/____/____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

For the purpose of assisting with matters related to the payment for health care services, I hereby authorize the Office of Group Benefits (OGB) to disclose claim status, claims payment, and/or enrollment information, verbally or in writing, regarding me and my minor dependents to the individual identified below. This authorization will remain in effect until revoked or until the termination date indicated below.

Termination Date: ____/____/____

Individual Authorized to Receive Information:

Name: _____
Relation to Member: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

I understand that this authorization is voluntary. Initials: _____

I understand that my health care and the payment for my health care will not be affected if I do not sign this form, and that OGB will not condition payment, enrollment, or eligibility on whether I sign this authorization. Initials: _____

I understand that when an individual or organization authorized to receive information is not a health plan or health care provider, that information may no longer be protected by federal privacy regulations. Initials: _____

I understand that I may see and copy the information described on this form if I ask for it, and that I am entitled to a copy of this form after I sign it. Initials: _____

I understand that I may revoke this authorization at any time by notifying the Office of Group Benefits in writing, but that if I do so the revocation will not have any effect on actions the OGB took before the revocation was received. (This subject is also discussed in the OGB's Notice of Privacy Practices, a copy of which is available to me on request.) Initials: _____

_____/_____/_____
Signature of Plan Member **Date**