



INSTRUCTIONS FOR COMPLETION OF THE BLUE CROSS of CALIFORNIA (BCC) GENERAL MEMBER AUTHORIZATION FORM

Section A: Individual Authorizing Use and/or Disclosure

Please complete all items of information in this section to include your Group Number, Group Name and Member ID Number exactly as they appear on your Identification Card.

Section B: The Use and/or Disclosure Being Authorized

- **Protected Health Information (PHI) to be Used and/or Disclosed:** Enter the specific protected health information that you want used or disclosed. For example, if you want your claims processing, claims payment and enrollment information to be disclosed to a third party acting on your behalf, you may want to enter the following narrative in these spaces: ***"All information concerning claims payment, denial of coverage, the status of pending claims, billing status or any other information needed to respond to a normal customer service inquiry on my behalf"***

Entities or Persons Authorized to Use or Disclose: If you are authorizing BCC to disclose this information to another third party acting on your behalf, please enter the following in these spaces: ***"Blue Cross of California"***

- **Entities or Persons Authorized to Receive:** Please enter the name(s) of the person(s) or organization(s) that you are authorizing to access your PHI and act on your behalf. For example, if you are authorizing your spouse or any other individual to act on your behalf, enter his/her name in these spaces. If you are authorizing an organization (such as an insurance agency or your company's Human Resources Department) to act on your behalf, enter the specific name of the organization in these spaces: **Examples: "ABC Insurance Agency" or "Human Resources Department, XYZ Company"**

These are example entries only. Please enter the actual names of the persons or organizations you are authorizing to receive PHI and act on your behalf.

- **Purpose of this Authorization:** There are two blocks in this section. Please complete **only one** of these blocks per the following instructions:

If you check the "At request of individual!" block, you are authorizing the person(s) or organization(s) you specified in the previous entry to receive your PHI and act on your behalf for any purpose permitted by the HIPAA Privacy Rule to include claims status and payment inquiries, appeals, premium payment inquiries and other policy service purposes. Checking this block is recommended because it will give your authorized representative and the BCC Customer Care Associates maximum flexibility to work together to respond to and resolve your policy service questions and needs. **If you check this block, no further entries are required in this section.**

If you check the "For the following purposes:" block, you must enter a specific purpose for the authorization in the spaces provided. For example, if you only want the person(s) or organization(s) you are authorizing to receive your protected health information and act on your behalf to handle a claims appeal for you, you would enter ***"To appeal a claim determination"*** or something similar in that block. If you only want them to be able to check claims processing or payment status on your behalf, you would enter ***"To check claims processing or payment status"*** in that block.

If you use this block, you need to know that BCC will only be able to discuss information pertaining to the purposes you specified with your authorized representative and nothing else.

Section C: Expiration and Revocation

- **Expiration:** There are two blocks in this section. Please complete **only one** of these blocks per the following instructions:

If you want the authorization to expire on a certain date, please check the first block and enter that date in month, day and year order as specified (***Example: 12/31/2004***). **If you enter a date in this space, no further entries are required in this section.**

If you want the authorization to expire when a future event occurs, please enter that event in the spaces provided for this block. An example entry is ***"Upon the end of my coverage with BCC."***

Please make sure you complete one (but not both) of these blocks.

Section D: Individual's Signature

Please print your name in the first space and then sign and date it in the spaces provided. If your legal representative or guardian signs the form on your behalf, your legal representative or guardian must print his/her name, sign and date the form and indicate his/her relationship to you in the spaces provided.

Please keep a copy of this authorization form for your records.