



# Texas — Individual Products

## Authorization to Disclose Protected Health Information (PHI)

(Instructions for filling out this form)

Under the HIPAA Privacy Rule, an individual may authorize release of his or her protected health information (PHI) to a specific person. Please follow the instructions below for completing the Blue Cross and Blue Shield of Texas (BCBSTX) Direct Markets Authorization to Disclose Protected Health Information (PHI) Form. Please contact BCBSTX at the telephone number on the back of your card if you have questions about completing this form.

**Please Remember:**

- One authorization form can be used for a range of and/or multiple services or providers.
- Authorization forms can be completed claim by claim, procedure by procedure, or for a range of services within specified timeframes.
- The individual's use of an Authorization Form is always totally voluntary.

**Section A:** Include information identifying the individual whose PHI will be disclosed. The individual may be the applicant, subscriber, his or her spouse, a dependent, or any other individual covered or applying for coverage under the subscriber's membership.

**Section B:** Complete information identifying the person(s) authorized to receive the individual's PHI. For example, the individual could authorize disclosure of his or her PHI to a close friend, a broker, an attorney, or a specific member of his or her employer's benefits staff.

The individual may also authorize disclosure of his or her PHI to an organization. Include information identifying the organization's job titles to receive the PHI (e.g., Benefits Representatives, Human Resources Department, ABC Company; or Client Representatives, XYZ Insurance Agency, etc).

**Be sure to check the appropriate boxes to indicate the type of information you are authorizing us to share with the person(s) named in this section.**

**Section C:** Please include an expiration date in the space provided and read carefully before signing the authorization.

**Section D:** Include the signature of the individual whose PHI will be disclosed. If the individual is a minor dependent under age 18, a parent or guardian may sign the authorization. The Individual's Personal Representative may sign if the individual is not able to so do. (A Personal Representative has received legal authority to represent the individual)

**Section E:** If the individual's Personal Representative has signed Section D, the Personal Representative must also complete this section and provide supporting documentation, if necessary.

**Other Information:**

If a brokerage agency is listed on the authorization, the proper job titles allowed to request PHI should be identified (e.g. broker, administrative assistant, etc. in XYZ Insurance Agency). The insured can include a range of dates and multiple providers on one form. These forms can be used on per claim basis, per procedure or a range of services within certain timeframes.

Please mail the completed Texas Direct Markets Authorization Form to the following address:

Blue Cross and Blue Shield of Texas  
Direct Markets Disclosure Authorization  
PO Box 833819  
Richardson, Texas, 75083-3819