Authorization for Release of Information

Scott & White Health Plan (SWHP) is required by the HIPAA privacy law to receive authorization before releasing individual private information. Please sign and check the information to be released. For minors, if someone other than a parent or legal guardian is the contract holder, the parent or legal guardian signs and checks the information to be released. **For Commercial Members only**.

I hereby authorize the following information to be released from the record of:
(Please print)

Member's Name:		Date of Birth:
Member ID #:		Phone:
Address:		
City:	State:	ZIP:

Please check information to be released:

☐General Benefits
☐Application/Eligibility
☐Billing/Premium
☐Medical Records
☐Claims Information
☐Other:

☐Complaint/Appeal
☐Benefits Determination
☐Medical Condition
☐Pharmacy Records (please include dates needed)
From:_____To:_____

Please list (and print) who will receive this information:

Name:		Relationship:
Address:		
City:	State:	ZIP:

I understand that to the extent any Recipient of this information, as identified above, is not a "covered entity" under Federal or Texas Privacy law, the information may no longer be protected by Federal and Texas Privacy law once it is disclosed to the Recipient and, therefore, may be subject to re-disclosure by the Recipient. I understand that I am able to withdraw this information authorization in writing, with the understanding that the information may have already been released by SWHP. **This authorization is valid for this request only and expires when the information has been released. Additional requests will require the member to sign another release form.**

I understand that the information released is for the specific purpose stated below and may not be provided in whole or in part to any other agency, organization, or person.
Purpose of Disclosure:

☐Attorney/Legal
☐Other (specify):
☐Personal Use (requested of the individual)

Printed Name of Member or Legal Representative	Relationship to Member
Signature of Member or Legal Representative	Date