



CORE
MANAGEMENT
RESOURCES

INDIVIDUAL AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

This authorization is not valid unless it is filled out completely. This form cannot be used as a joint authorization with another member; therefore, each member must submit an individual form. Please type or print the information.

1. MEMBER (Name and information of person whose protected health information is being disclosed):

NAME _____ D.O.B. _____
GROUP # _____ MEMBER ID# _____ SOCIAL SECURITY # _____
ADDRESS _____
PHONE # _____

2. AUTHORIZATION and PURPOSE

I request and authorize Core Management Resources to disclose my protected health information to the following Persons/Organizations:

NAME _____ RELATIONSHIP _____
PHONE # _____ PURPOSE _____
ADDRESS _____

3. PROTECTED HEALTH INFORMATION

I authorize access of the following information (*check one or more*):

- | | |
|--|--|
| ☐ Any information requested | ☐ Benefit information |
| ☐ All claims information | ☐ Explanation of Benefits information |
| ☐ Access to information listed on <i>CoreLink II</i> (online claim website) | ☐ Enrollment information |
| ☐ Other (please specify) _____ | |

4. EXPIRATION

This authorization will expire on (*must choose one*):

- ☐ One year from the date form is signed ☐ Other (insert date or event) _____

5. EXPLANATION OF RIGHTS. I understand that:

- I have the right to refuse to sign this authorization; refusal to sign will not adversely affect my ability to receive health care services or reimbursement for services.
- I have the right to inspect or receive a copy of the protected health information that will be used or disclosed by Core.
- The information used or disclosed pursuant to the authorization may be subject to re-disclosure and may no longer be protected by the regulations that require payers to protect individual health information.
- I can revoke this authorization at any time by submitting a written request to the address below.

Return the completed form by:

FAX (478)-745-1843

EMAIL help@corehealthbenefits.com

MAIL Privacy Officer
Core Management Resources Group, INC.
PO Box 90
Macon, Georgia 31202

Date

Signature of Member

Printed Name of Member

Authority of Personal Representative
(If signing for the Member)