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Topics:

- Overview of New Authorization Forms
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- Explanation of Each Type of Authorization Form

Overview of New Authorization Forms

The new process for providing authorization to obtain Protected Health Information (PHI) for UAW Retiree Medical Benefits Trust (URMBT) enrollees is clarified below. This authorization process was implemented on June 1, 2011, and allows Plant Benefit Representatives and UAW Benefit Representatives to obtain benefit and claim information, which is used to assist retirees with questions and claim issues. We stress that this is not a difficult process.

New Authorization Process and Contact Information

The new process is as follows:

1. An Authorization form is to be completed for **each member before** any release of PHI can be disclosed to a Benefit Representative.
2. Members must sign and date the form.
3. Forms must be retained by the Plan for future audit purposes.

It is important to note that Authorization forms are not required for general benefit questions. They are required for providing member-specific information.

Forms can be either be sent as a hard copy or faxed. The FAX Number and Mailing Address are shown as follows:

- Automotive Service Center (ASC) fax number: 866-624-4481
- Blue Cross Blue Shield of Michigan (BCBSM), Mail Code X320, 600 East Lafayette Blvd., Detroit, MI 48226

Contact information to obtain forms or for assistance completing forms.

- Blue Cross Blue Shield of Michigan Operator: 313-225-9000

Explanation of Each Type of Authorization Form

• AUTHORIZATION FOR USE AND DISCLOSURE OF PHI

This form is used to authorize the Plan to disclose an enrollee's PHI to an individual other than himself or herself, or as specified and permitted in our Notice of Privacy Practices. Members should complete sections A through E of the form. If a personal representative is signing the form on behalf of a member, section F and sections A through D should be completed. The Authorization form is not valid unless it is filled out completely. This form can not be used as a joint authorization with another member; therefore, each member must submit an individual form. The signer will receive a copy of the completed Authorization form via return mail. The original Authorization form will be kept on file.

• AUTHORIZATION FOR USE AND DISCLOSURE OF PSYCHOTHERAPY NOTES

This form is used to authorize the use and disclosure of an enrollee's psychotherapy and substance abuse notes. The Authorization form is not valid unless it is filled out completely. This form can not be used as a joint authorization with another member; therefore, each member must submit an individual form. The signer will receive

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a copy of the completed Authorization form via return mail. The original Authorization form will be kept on file.

- **AUTHORIZATION REVOCATION**

This form is used to revoke an authorization previously given. The Authorization form is not valid unless it is filled out completely. This form can not be used as a joint authorization with another member; therefore, each member must submit an individual form. The signer will receive a copy of the completed Authorization form via return mail. The original Authorization form will be kept on file.



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