

IMPORTANT:

We cannot process your application without this completed form.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

As a condition of my enrollment in the policy, I authorize any medical professional, medical care institution, or other provider of health care services or supplies to provide Arkansas Blue Cross and Blue Shield information concerning services or supplies provided to me or to any family member listed in my application. I authorize any prior insurance carrier to furnish information concerning me and/or my family members listed in my application. I understand that information obtained as a result of this authorization will be used for the purpose of determining eligibility for coverage. This information shall also be used by Arkansas Blue Cross and Blue Shield in investigating and adjudicating claims for benefits. I understand that in the course of their business operations, Arkansas Blue Cross and Blue Shield may disclose this information to others as required or permitted by law and as set out in the Arkansas Blue Cross and Blue Shield Notice of Privacy Practices. This authorization does not provide for the disclosure of psychotherapy notes as defined in 45 CFR §164.501. I understand that I may terminate this authorization by sending a written revocation to Arkansas Blue Cross and Blue Shield, 601 Gaines, Little Rock, AR 72203. However, if I revoke this authorization before I am enrolled in the policy(ies) my application for coverage will be denied. Unless I revoke this authorization, it shall be valid for 30 months from the date of my signature for information collected in connection with review of this application; it is valid for the duration of the coverage for information collected in connection with investigation of claims. Both the federal government and the State of Arkansas have enacted electronic signature laws, which allow the use of electronic signatures in all areas of commerce. See the Electronic Signatures in Global and National Commerce Act 15 USC §§ 7001 *et seq.*, the Arkansas Electronic Records and Signatures Act A.C.A. §§25-31-101 *et seq.* and the Uniform Electronic Transaction Act, A.C.A. §§25-32-101 *et seq.* Electronic signatures are specifically authorized in the business of insurance. See 15 USC §§ 7001(i).

Applicants age 18 and older	This authorization must be signed by each applicant age 18 or older.		
	Print Name(s)	Signature	Date
	_____	_____	_/_/____
	_____	_____	_/_/____
	_____	_____	_/_/____
	_____	_____	_/_/____
	_____	_____	_/_/____
Applicants under age 18	List applicants under age 18 (Print Name).		

	Parent/Legal Guardian's Signature (if policy for a minor)		Date
	_____		_/_/____