

PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW. INCOMPLETE FORMS CANNOT BE ACCEPTED.

1 MEMBER INFORMATION:

Member Name (*print*): _____

Member Date of Birth: _____ Member ID Number: _____

2 I GIVE AMBETTER FROM PEACH STATE HEALTH PLAN PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSE IDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS (*check one option below*):

- to allow Ambetter from Peach State Health Plan to help me with my benefits and services, **OR**
- to permit Ambetter from Peach State Health Plan to use or share my health information for _____

3 PERSON OR GROUP TO RECEIVE INFORMATION (*add more Persons or Groups on next page*):

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

4 I AUTHORIZE AMBETTER FROM PEACH STATE HEALTH PLAN TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION (*NOTE: Select the first statement to release ALL health information or select the below statement to release only SOME health information. Both CANNOT be selected.*)

- All of my health information INCLUDING:**
Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed);

OR

- All of my health information EXCEPT (*check only the boxes below that apply*):**
 - Genetic information, services or tests
 - AIDS or HIV data and records
 - Drug and alcohol data and records
 - Mental health data and records (but not psychotherapy notes)
 - Prescription drug/medication data and records
 - Other: _____

5 THIS AUTHORIZATION ENDS ON THIS DATE/EVENT: _____

Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year from the date of the signature below.



6 MEMBER OR LEGAL REPRESENTATIVE SIGNATURE: _____

DATE: _____

IF LEGAL REPRESENTATIVE - Relationship to Member: _____
If you are the Member's legal or personal representative, you must send us copies of relevant forms, such as power of attorney or order of guardianship.