



## Instructions for Completing the BCBSGA Conditioned Authorization to Use or Disclose Protected Health Information for Enrollment in a Health Plan

This instruction sheet has been created to assist you in completing the Blue Cross and Blue Shield of Georgia (BCBSGA) "Conditioned Authorization for Use or Disclosure of Protected Health Information for Enrollment in a Health Plan" form. This form is used to authorize BCBSGA, its agents or subsidiaries, to use or disclose your Protected Health Information (PHI) for the purposes stated on the form. These instructions are designed to complement the information and instructions on the actual authorization form.

- General instructions:
  - ❑ Each family member over the age of 18 must individually sign (authorize) Blue Cross and Blue Shield of Georgia (BCBSGA) to obtain medical information that may be necessary to support their enrollment in a BCBSGA health care insurance product. This form and instructions are designed to assist in supporting this effort should it be required.
  - ❑ If you are unsure of how to complete any entry, after reading this form, please ask a BCBSGA Customer Care Associate, your Agent / Broker or the BCBSGA Associate that is assisting with the enrollment process for assistance.
- Specific instructions:
  - ❑ For each member over the age of 18, please print the name of the applicant, spouse or dependent on the applicable line on the left-hand side of the form.
  - ❑ After printing each individual's name, please have each individual sign in the corresponding space on the right hand side of the form. The signature should be in the same format as that used on your enrollment application.
  - ❑ In the event, more dependents exist than the space provided, please copy the original enrollment form, prior to signature, and repeat the process outlined above. The forms should be labeled, in the upper right hand corner: Page 1 of 2, Page 2, of 2, etc.
  - ❑ Date the form (or each form) in the space provided.
- Legal representative: If your legal representative or guardian completes the form on your behalf, they should sign and date the authorization in the block shown and attach documentation supporting their status as your legal representative (e.g., Health Care Power of Attorney, court order, proof of legal custody or guardian status, etc.).
- Please make a copy of this authorization and retain it in your records. Then include the completed authorization form in your enrollment package or provide it to the Broker / Agent or the BCBSGA Associate that is assisting your with the enrollment process