



Instructions for Completing  
the BCBSGA  
"Authorization for Use or Disclosure  
of Protected Health Information (PHI)"

This instruction sheet has been created to assist you in completing the Blue Cross and Blue Shield of Georgia (BCBSGA) "Authorization for Use or Disclosure of Protected Health Information" 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.

**Step 1: Check one (1) of the three (3) blocks in the upper right hand corner of the form.**

The BCBSGA "Authorization for Use or Disclosure of Protected Health Information (PHI)" is electronically directed to the appropriate business area for processing when it is received in our office. Checking one of the three blocks, as indicated below, will assist BCBSGA in validating and processing your authorization more efficiently.

- Check Block 1 if you have group coverage and your employer has between 2 and 50 employees.
- Check Block 2 if you have group coverage and your employer has 51 or more employees.
- Check Block 3 if your policy is for individual coverage that you or your family pay for.

**Step 2: Complete Part A.**

- This part contains information that is primarily available from your member Identification card. Please refer to it in order to complete this section. All information must be legible and completed using black ink.
- If you are submitting this authorization as part of your enrollment for coverage with BCBSGA, you may not have a Member Number. If that is the case, please leave this block blank and enter your Social Security Number in the appropriate block. Authorizations received without a Member Number or a Social Security Number will be returned.

**Step 3: Complete Part B.**

- Part B identifies all persons or entities you are authorizing to receive your PHI. **Please adhere to the following instructions when completing this section.**
  - For each person you are authorizing to interact, on your behalf with BCBSGA, please check the appropriate block and enter that person's full name in the space provided.
  - An individual age 18 or over is considered an adult dependent and must complete an authorization for a parent or anyone else to act on their behalf.
  - If you want another person or entity not specifically listed on your authorization form to receive your PHI, please check the "Other Authorized Representative" block(s) and enter the full name(s) of the person(s) or entities in the space provided.
  - It is not necessary to enter the name of the insurance agent, broker or agency servicing your coverage or the name of your employee group representative (if you have group coverage), because this information is maintained in our files. Simply check these boxes if you want these entities to have access to your PHI.

---

**Step 4: Complete Part C.**

- Please check the appropriate box(es) indicating the specific information that you want to be used or disclosed to the persons or entities you selected in Step 3.
  - If you wish to authorize disclosure of all of your PHI to your authorized representative(s), you only need to check the “**All Information regarding my health coverage or treatment received**” block. Checking this block is recommended as it will give BCBSGA and your authorized representative(s) the maximum flexibility to work together to address your service issues or needs. If you check this block, please ***do not*** check any other block in this section and proceed directly to Part D (Step 5).
  - If you wish to only authorize the disclosure of specific items of your PHI to your authorized representative(s), please check the appropriate block(s) (e.g., Benefits Information, All Claims and Payment Information, Billing Information, etc.). The block “All information regarding my health coverage or treatment received” should be left blank.
  - Should you wish to vary the kinds of PHI your representatives can use or disclose, you must submit different authorizations identifying the specific information each representative can access on your behalf.
- **IMPORTANT:** If your authorization is for psychotherapy notes, a separate authorization must be submitted for any other kind of PHI you wish to have disclosed to your authorized representative(s). An authorization for psychotherapy notes **may not** be combined with an authorization for any other kind of PHI.

**Step 5: Complete Part D.** Please check ***ONLY ONE*** of the two blocks shown as indicated below.

- Checking the first block will allow BCBSGA to respond to all requests, questions or transactions involving your health coverage. Checking this block is recommended as it will provide BCBSGA and your authorized representative(s) the maximum flexibility to work together to resolve your questions and service your coverage needs. If you check this block, please ***do not*** check any other blocks in this section. Proceed directly to Part E (Step 6).
- If you want your authorized representative to only assist with a specific issue or question, check ***only*** the second block. After checking this block you must enter the specific purposes for which you are providing the authorization. Examples of possible entries you may wish to consider:
  - To check the status of a claim or payment on a claim, you may want to enter: “*To check claims processing or payment status.*”
  - To appeal a claim denial or other adverse coverage decision, you may want to enter: “*To appeal a claim or coverage determination.*”
- Please remember that if you limit the purposes of the authorization, you may be required to submit an additional authorization for purposes other than those originally designated.

**Step 6: Complete Part E.**

- This section establishes the expiration date of your authorization. BCBSGA recommends that you elect to have your authorization remain in effect as long as your coverage with BCBSGA remains in effect. This will give maximum flexibility to your authorized representative(s) and BCBSGA to respond to your questions and concerns, and resolve any issues or problems you may have.
- If you want your authorization to expire on a specific date, please enter that date in the space provided (please ensure the date is in the mm/dd/yyyy format). Please ***do not enter*** an expiration date if you want your authorization to remain in affect as long as your coverage with BCBSGA remains in effect.

**Step 7: Sign** and date the authorization form in the space provided. 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.).

**Step 8: Please** make a copy of this authorization and retain it for your records. Mail or fax the completed form to the address or fax number shown at the bottom of page 2 of the Authorization form.