



Health New England, Inc. (HNE) Authorization of Personal Representative Form Instructions

State and federal law gives you the right to choose one or more persons to act on your behalf with respect to the health information that pertains to you. By completing the HNE Authorization of Personal Representative form, you are telling HNE that you chose the named person as your Personal Representative. This form also allows HNE to disclose your Protected Health Information (PHI) to the person you choose. The signature of a minor over the age of 12 is required to authorize release of sensitive information to their parent or legal guardian. (To authorize the release the minor must complete Section 3 below and sign this form.)

INSTRUCTIONS: Complete all sections of the form. Please type or print all responses. This form must be filled out completely to be valid. Once completed, mail or fax the form to:

**Health New England, Attention: Enrollment Department, One Monarch Place, Suite 1500,
Springfield, MA 01144-1500 (Fax: 413.233.2635)**

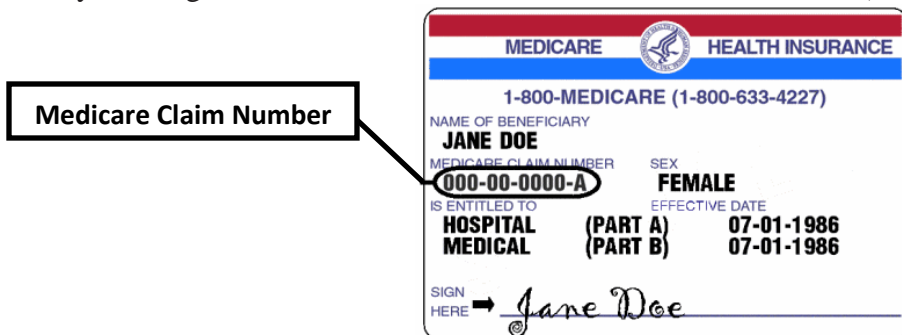
Please note: This form is available to print online. Click “Forms” on the HNE.com website. (Please type the HNE Member ID # in the box above the top of the form. HNE uses this for scanning purposes.)

Section 1. Provide the following member identifying information:

- **HNE Member ID#.** This is the 9-digit ID Number plus the 2-digit Member Number or person code. (Here’s an example of one type of HNE ID card with these numbers highlighted.)



- **Medicare HICN or Health Insurance Claim Number.** For Medicare Advantage members only, provide your Original Medicare # from the red, white, and blue card. (Here’s an example.)



- **Name, Address, Telephone, and Date of Birth:** Complete this information.

Section 2. Provide the following Personal Representative identifying information:

- **Representative Name.** The name of the individual you are authorizing to receive your PHI.
- **Address:** The address of the Personal Representative
- **Telephone:** Provide the telephone #s (Home, Cell, and Work) of the Personal Representative.
- **Relationship to Member:** Provide the Personal Representative's relationship to the member (for example, parent, spouse, friend, or attorney).

Section 3. Provide the Type of Information that may be disclosed and any date limitations.

- **All Information:** Check if authorizing all PHI to be shared with the Personal Representative except for Sensitive Health Information. (Please note that you still need to check the boxes for sharing any Sensitive Information if you wish to authorize release of this information.)
- **Sensitive Health Information:** Check the boxes for the types of information authorized if any.
Please note: The signature of a minor over the age of 12 is required to authorize release of Sensitive Health Information to their parent or legal guardian in order for HNE to disclose this information. (To authorized the release the minor must complete this section and sign the form along with the parent guardian to be valid.)
- **Only the information specified (type(s)/date(s)):** Provide the type(s) of information and any date ranges authorized. For example, you may authorize HNE to share information about specific claims for specific dates of service.

Section 4. Provide the Purpose of the authorization.

- **Any and all:** Check if you are authorizing disclosure for any and all reasons. Your Personal Representative shall have all of the rights and privileges that you have with respect to your health information, including, but not limited to, requesting authorization on your behalf for certain services; changing your Primary Care Provider; discussing your eligibility, billing or claims information; and requesting copies of your records
- **Grievance/Appeal:** Check if you are only authorizing disclosure to help with an appeal or grievance. Specify in section 3 the type of information – for example, the name of the provider and the date(s) of the denied claim or authorization you wish to appeal. Such authorization shall include the right to view any documents, including medical records, related to this appeal.
- **Other Purpose (Specify):** Specify other specific reasons for disclosure, for example, to “Help with my bill.” Again, be sure to include any limits on what you want to allow us to discuss.

Section 5. Review the Terms of the Authorization and specify an end date, if appropriate. If you do not provide an end date, the authorization will remain in effect until you send us a written notice that you wish to end the authorization.

Section 6. Sign and date the form. (Please note: a minor over age 12 must sign the form here and complete Section 3 if the minor wishes to authorize a parent to receive Sensitive Information as noted above.)

Section 7. If the individual is a minor or is otherwise unable to sign (for example, due to incapacitation), the Personal Representative also needs to sign and complete this section. (If other than “parent,” please attach documentation, such as court appointment, health care proxy, etc.)