



CHRISTUS Health Plan Generations and Generations Plus (HMO) Authorization -To Disclose Personal Health Information

Use this form to ask CHRISTUS Health Plan Generations and Generations Plus(HMO) to give out (disclose) your personal health information.

Member Full Name (Print)	Member ID	Member Date of birth

Check one or more boxes to tell CHRISTUS Health Plan Generations and Generations Plus (HMO) the specific personal health information you want disclosed. CHRISTUS Health Plan Generations and Generations Plus (HMO) will only disclose the personal health information you check below.

Any and all protected health information CHRISTUS Health and its affiliates maintain, including mental health, HIV, health status or substance abuse records. This also includes information on health programs, plan information and caregiver resources with the person being authorized.

Protected health information about treatment for the following condition or injury, or other information (include dates):

Fill in the name and address of the person(s) or organization(s) to whom you want CHRISTUS Health Plan Generations and Generations Plus (HMO) to disclose your personal health information:



I authorize CHRISTUS Health Plan Generations and Generations Plus (HMO) to disclose my personal health information listed above to the person(s) or organization(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s) or organization(s) and may no longer be protected by law.

Sign your Name

Your Telephone Number

Date

- Check here if you are signing as a personal representative. Please attach the appropriate documentation (for example, Power of Attorney).

Send your completed, signed authorization to:

CHRISTUS Health Plan Generations and Generations Plus (HMO)
Attn: Appeals and Grievance Dept.
PO Box 169009
Irving, TX 75016

Note:

You have the right to take back ("revoke") your authorization at any time, in writing, except to the extent that CHRISTUS Health Plan Generations and Generations Plus (HMO) has already acted based on your permission. If you would like to revoke your authorization, send a written request to the address shown above.

Your refusal to authorize this disclosure of your personal health information will have no effect on your enrollment or eligibility.