

Form: Authorization (T-5605 or T-3601)

Instructions:

1. "INDIVIDUAL AUTHORIZING DISCLOSURE" – this is information about you. We need to have your name, address, phone number, e-mail address (if you have e-mail), identification number and social security number in this section.
2. "Protected Health Information to be Disclosed" – you must tell us what information you are authorizing us to release. (i.e., claim status, claim payment, premium amounts, etc.)
3. "Persons or Entities Authorized to Receive" – this is where you tell us to whom we may release your protected health information.
4. "EXPIRATION AND REVOCATION" – if you do not fill out this section, the authorization will continue until you no longer have health insurance coverage with Wellmark. However, you may specify a **date** for the authorization to terminate or an **event** upon which the authorization will terminate. An example of an "event" would be "When claims for denied services have been resolved."
5. "INDIVIDUAL'S SIGNATURE" – we must have your signature or the signature of your legal guardian. If your legal guardian signs this section, we will have to have a copy of the court document appointing the guardianship. If the information being released is for someone under the age of 18, a parent (or legal guardian) must sign the form on his/her behalf. If a parent (or legal guardian) signs, please complete the last 2 lines of the form with the name and relationship to the member.