

## Form: Personal Representative Appointment and Authorization to Release Protected Health Information (C-5674 or C-3617)

### 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 email), identification number and social security number in this section.
2. "PERSONAL REPRESENTATIVE APPOINTMENT" – you must select one or more of the four options. This section tells us what you want the individual you are appointing to act on your behalf will be authorized to do for you.
  - a. The first option authorizes your personal representative to act on your behalf for all claims and inquiries from the time you sign this form.
  - b. The second option limits the information to benefits for specific dates of service.
  - c. The third option authorizes the release of information concerning your minor dependents (under age 18). You must tell us the names of the children.
  - d. The fourth option authorizes your representative to act on your behalf in connection with an appeal for a denied claim. You must tell us the date of service for the claim or the type of services if there has been a pre-service denial.
3. "PERSONAL REPRESENTATIVE" – this is information about the person you are appointing as your personal representative.
4. "EXPIRATION" – 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. "SIGNATURE" – we must have your signature or the signature of your legal guardian. If your legal guardian signs this section, we need a copy of the court document appointing the guardianship.