



INSTRUCTIONS FOR AUTHORIZATION COMPLETION

1. Please **PRINT** information in pen so it is easy to read.
2. Do not skip any steps. Fill all information in as completely as possible.
3. Step 2, #7: information to be disclosed (Other): use specific descriptions such as:
 - claims information from _____ to _____
 - clinical information from _____ to _____
 - designated Record Set from _____ to _____
 - appeal/review information from _____ to _____
 - psychotherapy notes from _____ to _____
 - all claims information
 - all clinical information
 - complete designated record set
 - all appeal/review information
4. Step 2, #8: purpose for the disclosure (Other) use specific descriptions such as:
 - coordination of care/case management
 - appeal or grievance resolution
 - eligibility or enrollment determination
 - evaluation of fitness of duty
 - resolution on a Disability claim
 - resolution of a Workers' Comp claim
 - treatment and follow-up
 - research
 - marketing
 - legal i.e., subpoena
5. You must sign and date #12 and #14.

QUESTIONS: Call your Behavioral Health Customer Service Representative for any questions or concerns regarding this authorization form.