8/13/2021

Authorization For Release Of Information

- YOU MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY SUBMITTING A WRITTEN REQUEST TO FARM BUREAU HEALTH PLANS, PO BOX 313, COLUMBIA, TN 38401-0313, ATTN: PRIVACY OFFICER.
- YOU MAY REFUSE TO SIGN THIS AUTHORIZATION AND FARM BUREAU HEALTH PLANS MAY NOT CONDITION ENROLLMENT IN ITS HEALTH PLAN OR ELIGIBILITY FOR BENEFITS ON SIGNING THIS AUTHORIZATION.
- FARM BUREAU HEALTH PLANS WILL PROVIDE YOU WITH A COPY OF THIS AUTHORIZATION.

THIS AUTHORIZATION IS VOLUNTARY

TO BE COMPLETED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

I, _____ ("Requestor"), Date of Birth _____ do hereby authorize Farm Bureau Health Plans to disclose my individually identifiable health information to Entity. I understand that this authorization is voluntary. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by Entity and no longer protected by HIPAA.

TO BE COMPLETED BY REQUESTOR AND INITIALED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

Description of records to be released:

_____

_____

_____

Initials: _____

TO BE COMPLETED BY REQUESTOR AND SIGNED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

Release records to Entity (insert name, address, and other contact information for Entity): _____

_____

For the purpose(s) of: _____

I understand that I may withdraw my authorization in writing to the Privacy Officer of Farm Bureau Health Plans at any time, except to the extent that action has been taken in reliance on this statement. I understand that even if I do not withdraw authorization that this statement will expire *upon* _____ *(date or expiration event).* I have carefully read and understand the above and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records and billing records of, my condition to Entity.

_____ _____

Requestor's or Requestor's personal representative signature Date

(Form MUST be completed before signing.)

Printed name of Requestor's personal representative: _____

Description of the personal representative's authority to act for Requestor/relationship to Requestor:

_____

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