



Please read each of the following statements carefully before signing this document.

- 1.) I understand that this designation will expire when my policy ends unless I indicate an expiration date or I revoke it.

Date to expire: \_\_\_\_\_

- 2.) I understand that this designation is voluntary and being made at my request.
- 3.) I understand that the released information may no longer be protected by federal privacy laws and may be re-disclosed by the individual or organization that receives the information.
- 4.) I understand that I may revoke this designation of personal representative at any time by sending a written notification to Medi-CareFirst at the address listed below, and this revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective for information that my Prescription Drug Plan has already used or disclosed, relying on this designation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the person signing this form is not the member, or the parent/guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the member (i.e. Power of Attorney, Court Assigned Guardian, Personal Representative, etc.)

If you need help completing this form, please call Medi-CareFirst toll free at 1-888-857-6118 from 8 am to 8 pm, 7 days a week, TTY/TDD users should call 1-800-855-2880.

Please mail or fax this authorization to: **Medi-CareFirst BlueCross BlueShield**  
**Membership Customer Service**  
**c/o CGI, Inc.**  
**P.O. Box 8100**  
**Lancaster, SC 29721**  
Fax: 1-888-524-6787

**Please keep a copy of the designation.**  
**We will provide you with a signed copy of this designation upon request.**

If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits the recipient of the information from making any further disclosure of this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Medi-CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. and First Care, Inc., and each is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.