BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

Member Requested Authorization for Release of Information

BCBSVT has developed a process to allow our spending account holders to authorize other people to have access to their account information. Completing the Release of Information (ROI) form then allows the designated person to obtain the following information when they contact the BCBSVT My Money Service team.

- Account balance information
- Contribution information
- Claim/debit card transactional information (including date of service, amount and provider information)
- General account information

Authorized individuals are not allowed to make changes to the account or close the account. For example, only account holders can make the following types of changes.

- **Address changes**
- **Bank account information**
- **Closure of account/transfer of account funds**

Once an authorization has been established it will remain in effect until the account is closed or the account holder revokes the authorization by updating authorizations online via the member portal, in writing at the address below or by contacting the BCBSVT My Money Customer Service team.

To establish a ROI, you may complete the attached form or go online to hellofurther.com and logging into your account. Once you are logged into the member portal, choose Account & Plan Settings under My Accounts. Click on Profile Options, then on Release Authorization (ARI).

Please read these instructions carefully before completing this form.

When to Use This Form

You must complete this form if you want to authorize BCBSVT to share information related to your BCBSVT medical spending account with your designated person(s).

How to Complete This Form

The Authorization for Release of Information form must be completed and signed by one of the following:

- The person whose information will be released.
- The parent or legal guardian of a minor whose information will be released.
- The personal representative of the person whose information will be released (e.g., power of attorney, conservator, legal guardian, executor).

To complete this form:

- Fill in the name, spending account identification and date of birth of the person whose information will be released.
- Fill in the name and address of the person(s) or employer(s) who will receive the information.
- Sign and date the form.
- If you are not the person whose record will be released, state your relationship to that person.

Questions? Call Member Services at 1-866-999-2605.

Send via secured email only:
mymoneybcbsvt.documents@hellofurther.com

Fax to:
866-231-0214

Mail to:
PO Box 14836
Lexington, KY 40511

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Member Information (person granting release of information)

Member Name _____

Spending Account ID _____ or Social Security Number _____

Date of Birth _____/_____/_____

Further may release this information to:

Name _____

Phone Number _____

Email Address _____

Information to be released:

- **Account balance information**
- **Contribution information**
- **Claim information (including date of service, amount and provider information)**
- **General account information**

Note: Any PHI used or disclosed may be subject to re-disclosure by the recipient(s), in which case it may no longer be protected under the HIPAA Privacy Rule.

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- **Address changes**
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Right to Revoke – I understand that I may cancel this authorization at any time by updating my authorizations on the member portal or in writing at the address below or by contacting the BCBSVT My Money Customer Service team, but it will not affect any release of any information processed before I cancel it. This authorization will remain in effect for as long as your account is active with BCBSVT unless you cancel it.

Signature of Member_____ Date:_____

Signature of Parent or other Personal Representative _____ Date:_____

If this request is by a personal representative on behalf of the member, complete the following:

Personal Representative's Name _____

Relationship to Member _____

Note: You have a right to keep a copy of this notice after you sign it.

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