

## DIRECTIONS FOR COMPLETING PHI RELEASE FORM

**The PHI Release form will need to be fully completed, signed dated by your dependent,** authorizing yourself to receive information on his/her behalf.

**Please use the following instructions in order to complete the HIPAA form.**

- Employer Name – Write the name of the employer providing the insurance here
  - West Chester Area School District
- Carrier Name – Write the name of the insurance company related to this request here
  - Independence Blue Cross, CVS/Caremark, Delta Dental or Trustmark Vision
- Employee Name – Write the name of the person who works for the employer here
- Employee ID - Write the employee's Insurance ID number here
  - This is the number on the applicable insurance card
- Patient Name – Write the name of the patient related to this request for assistance here
- Address - Write the Patient's home address here
- Birth Date - Write the Patient's date of birth here
- Phone Number - Write the Patient's phone number here

**Authorization Section:**

- First Blank Space after the word "authorize" – In this space please write "Gallagher Benefit Services"
- Parenthesis after the word "release" – Circle letter "b" which authorizes Gallagher Benefit Services to share your PHI related to your healthcare and claims processing with the person you designate
- (Name/Office and Address)– In this space write the name and address of the person you are allowing the Benefit Advocacy Center to share your PHI with

**Section Letters A – D:**

- Circle letter "B" which authorizes the individual you designated to inquire with the Benefit Advocacy Center on your behalf regarding insurance claims and pre-authorization purposes.
- Patient (or legal representative) box - Write your signature and the date in this box. If the Patient is your dependent child over the age of 18 please have them write their signature and date in this box.
- Relationship to Patient - Write "Self" or other identifier and the date in this box.

Do not hesitate to contact the Benefit Advocacy Center if you have any questions about completing the HIPAA form.

Don't forget to sign and date the form before sending!