



MVP HEALTH CARE
AUTHORIZATION TO DISCLOSE INFORMATION

By completing this form you are allowing MVP to disclose health care information to the individuals you identify.

SECTION 1- INDICATE THE MEMBER WHOSE INFORMATION IS TO BE RELEASED:

Name Member ID# DOB / /
Street Address
City State Zip Code

SECTION 2A- I AUTHORIZE MVP TO DISCLOSE HEALTH INFORMATION TO:

(Print the Name(s), Address(es) and Telephone Number(s) of the person(s) you would like to appoint)

SECTION 2B- REASON FOR DISCLOSURE:

Request of Individual Other:

SECTION 3- INDICATE THE HEALTH INFORMATION TO BE RELEASED:

All Health Information (except the health information listed below)
Other (specify the information you are authorizing MVP to disclose)

The following items must be initialed in order for MVP to discuss these types of health information with the person(s) you have appointed:

- HIV/AIDS related information and/or records (SEE PAGE 2)
Mental health information and/or records
Drug/alcohol diagnosis and treatment information
Pregnancy, family planning, abortion information
Sexually transmitted disease information

SECTION 4- READ AND UNDERSTAND YOUR RIGHTS (SEE PAGE 2):

This authorization shall be in force and effect until such time as MVP no longer maintains the health information, or until revoked by the undersigned in the manner described below or until (insert applicable date or event)

I understand that I have the right to revoke this authorization, at any time by sending written notification to the address indicated below.

The revocation should clearly state your intent to revoke this authorization and the date such revocation is to take effect.

SECTION 5- SIGN AND DATE THIS FORM:

Signature
Print Name

Date (DD/MM/YY)
Relationship to Member

Rochester & Buffalo Regions, send this form to:
MVP Member Services Department / 220 Alexander Street / Rochester, New York 14607
or fax it toll free to: 1-800-396-1869

All Other Regions, send this form to:
MVP Member Services Department / PO Box 2207 / Schenectady, New York 12301-2207
or fax it toll-free to 1-800-765-3808