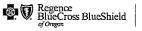
## **AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

Full Name	
Regence ID#	Date of Birth
I authorize Regence BlueCross BlueShield of Ore disclose the following information:	gon and Regence Life and Health Insurance Company to
☐ Enrollment and eligibility information	☐ Claims, claim status, and claim history*
☐ Medical records and diagnosis*	☐ Premium and billing information
☐ Psychotherapy notes*	Other
Regence BlueCross BlueShield of Oregon and Re to disclose the information identified above to the fo	gence Life and Health Insurance Company are authorized ollowing person(s) or entity(ies):
Name RECORDS DEPOSITION SERVICE, IN	NC. Name
Address PO BOX 5054, SOUTHFIELD, MI 48086-5054	Address
Phone (248) 357-3330 Fax (248) 357-3337	Phone ( )
—— This authorization is valid for two years from the da	ate of my signature or until
	(cannot exceed two years from date of signature).
	ding written notice to The Regence Group, P.O. Box 1271, of this authorization will not affect any actions taken by the cellation notice.
entities disclosing information pursuant to this au	t condition to receive treatment, payment or eligibility. The thorization are not responsible for any action taken by an ormation. I am aware that an authorized recipient may ons provided by law may be lost.
Signed	Dated
If this authorization is signed by a person acting o and attach documentation demonstrating your auth	n behalf of another person, please complete the following nority to act on behalf of another.
	( )
Name of Personal Representative (please print)	Phone Relationship
Signature of Personal Representative	

\* Note: Information about claims, medical records, diagnosis, and psychotherapy notes may contain sensitive data, including data related to treatment of chemical dependency, sexually transmitted disease, HIV/AIDS, mental health, and reproduction or contraception. **DO NOT** check the boxes authorizing the disclosure of claims, medical records, diagnosis, or psychotherapy notes if you do not want information relating to these sensitive conditions released.





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