## AUTHORIZATION FOR THE RELEASE OF INFORMATION TO AN ATTORNEY OR LAW FIRM

RE:		
TO: EMPIRE BLUE CROSS BLUE SHIELD 15 METROTECH CENTER BROOKLYN, NY 11201		
I request that you kindly furnish RECORDS DEPO copies of any and all records pertinent to reimburse to	DSITION SERVICE, INC., AGENT (s) ement for the medical expenses of	for ATTORNEY LISTED ON SUBPOENA with for the period from Name of patient
Purpose of this Authorization (check all that apply)  At the request of the member For the purp  For the following purpose[s]: FOR DISCOVE	oose of filing a complaint, grievance, c	or appeal on my behalf.
I understand that this information is confidential are valid from, 20 until		
I also understand that by making this request, I drug and alcohol treatment related information know that I may revoke this authorization at an submitting a request in writing. This authorization to permit interviews, consultations or discussion	, and mental illness related informa Lytime except to the extent that action tion is limited to obtaining insuranc	tion, if any, contained in my records. I on has been taken in reliance upon it, by e reports and records. It expressly does
Except as set forth below, I understand that it is information may re-disclose the information and laws and regulations, including the Health Insurement of the second seconds of the second seconds of the second seconds of the second	d, if so, the information may no long rance Portability and Accountability and to this authorization are	ger be protected by all federal and state y Act of 1996 (HIPAA) Privacy Rules. to be furnished to my attorney,
P: 248.357.3330 F: 248.357.3337		
Date		
Signature of Patient	Member Identification Number	Member Date of Birth
Signature of Parent of Minor Child, Guardian, Conservator or Authorized Representative (when required)	Authority of person signing form (e.g., Parent, Guardian, Conservator	
STATE OF, COUNTY OF	} S.S.;	
On the day of, 20, b and known to me to be the individual described in that (s)he executed the same.	efore me personally came and appeare and who executed the foregoing instru	ed to me known ument, and who duly acknowledged to me
	Notary Public	

## NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and /or state law. If the records are so protected, Federal Regulation (42 CFR part 2) prohibits you from making any further disclosure of this information unless further 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 for criminal investigations or prosecutions.