FirstCare HEALTH PLANS

Permission for Verbal/Written Communication

FirstCare Health Plans (FirstCare), owned by Scott and White Health Plan—part of Baylor Scott & White Health, is required by the HIPAA privacy law to receive authorization before releasing individual private information. Please sign and check the information to be released. For minors, if someone other than a parent or legal guardian is the contract holder, the parent or legal guardian signs and checks the information to be released.

I hereby authorize the following information to be released from the record of: (Please print)

*Member Name	*Date of Birth	*Phone Number(s)	*Member ID Number

I permit FirstCare staff to discuss my personal FirstCare information, in person and/or by telephone or web request with the below named person involved in my health plan coverage for the following purposes:

- ☐ General benefit information
- ☐ Billing/ Premium
- ☐ Complaint/Appeals (open/receive info)
- ☐ Appointment Assistance
- ☐ Demographic Changes
- ☐ Application/Eligibility
- ☐ Claims Information
- ☐ Authorizations/Referrals
- ☐ Materials Request
- ☐ ID Cards
- ☐ Information Security (registration/ username/password)

I understand that this document applies to all departments within FirstCare. I understand that this authorization is voluntary and that once this information is disclosed to the person designated that it may be re-disclosed by them and may no longer be protected by state or federal privacy laws.

*Name of Authorized Person	*Relationship to Member	Phone Number

I further understand that I may revoke this authorization at any time by sending a written statement of revocation to FirstCare, to the extent that FirstCare has already relied on this authorization.

*This document of Permission for Verbal/Written Communication will expire upon revocation or on the date or event specified here: _____

*Member Signature	*Date
*Representative Signature	*Date

Please return the completed form via mail, fax or email.

Mail: FirstCare Health Plans
Attn: Customer Service Department
1901 W. Loop 289 Ste.9
Lubbock, TX 79407

Fax: 877-878-8422
Email: CS-informationcenter@firstcare.com

*Required Fields