



Permission to Speak Form

This form gives Virginia Premier permission to use and/or disclose the protected health information of a member (or members) with the person(s) specified below. If you have any questions, please call Member Services at 1-800-727-7536 (TTY: 711).

Member Information: Please indicate the member(s) who is giving Virginia Premier consent to use and/or disclose protected health information.

Member 1

Member ID Number:		
Full Name :		Date of Birth:
Address:		Phone:
City:	State:	ZIP Code:

Member 2

Member ID Number:		
Full Name :		Date of Birth:
Address:		Phone:
City:	State:	ZIP Code:

Permission to Speak: Please list the person(s) who has permission to act on the behalf of the individuals listed in the Member Information section of this form.

Full Name:		Organization:	
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship to Member:			

Full Name:		Organization:	
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship to Member:			

The **following section** must be filled in by the member, parent, guardian or personal representative.

My signature below indicates that I have had full opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction to Virginia Premier Health Plan, Inc. I understand that, by signing this form, I am confirming my authorization that Virginia Premier may use and/or disclose to the persons and/or organizations named on this form the protected health information.

Expiration and Revocation on Occurrence of the Following Event:

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the contact office listed below. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before you received my written notice of revocation. I understand that a description of my right to revoke this authorization and exceptions to my right to revoke this authorization is provided in Virginia Premier's Notice of Privacy Practices.

Expiration: This authorization will expire on: _____ / _____ / _____

Disclaimer: If an expiration date is not indicated above, the authorization period shall be 1 year from the signature date unless written notification is received from the member to revoke at the address listed on the form.

Member 1 Name: _____ Member 1 Signature: _____

Member 2 Name: _____ Member 2 Signature: _____

Name of person filling in this form: _____

Signature of person filling in this form: _____

Relationship to member(s): _____

Returning this form to Virginia Premier:

Once you have completed this form, you can **mail** it to us at:

Virginia Premier – Member Services
P.O. Box 5307
Richmond, VA 23220-0307

Or **fax** it to us at: 804-819-5188.