

Directions for Authorization for Disclosure of Private Health Information Form

- Completing this form allows Cigna Behavioral Health (CBH) to give information about a person receiving services to another person or group such as a family member or a provider of services in order to help with things such as treatment planning, claim payment etc.
- All 6 sections on this form must be filled in for this form to be valid. Please see below for descriptions of what should be written in each section.
- If you still have questions about the form please call CBH at (###-###-###) for assistance.

Section #

1. Verification
 - The member/participant is the person receiving services. This section needs to be completed with the member/participant's identification information.
 - In this section "Subscriber" is the policyholder.
2. Description of Information to be Released
 - Write what information you want CBH to be able to release
 - Mark case management if you want CBH to discuss your treatment and care.
3. Entity or Person(s) Authorized to Receive Information
 - Write the name of the person and/or company/group you would like CBH to give information to
 - Write the address of the person and/or company/group
 - NOTE – Cigna Behavioral Health or any CBH employee should NOT be written here. The form will be invalid because you would be authorizing Cigna Behavioral Health to talk to themselves.
4. Purpose
 - Write why you want CBH to release your information.
 - Examples of valid purposes include: "Assist with my treatment" or "Assist with my claim payment"
5. Expiration of Authorization
 - Write when you would like the authorization to end.
 - Examples of valid expirations include: "One Year"; "When I am no longer a member"; "Upon death"; or "N/A"
6. Signature of Member/ Participant, Personal Representative, Parent/Guardian who is Authorizing the Release
 - The person who is receiving services (or personal representative/legal guardian) must sign on the line.
 - Date the signature.