

HEALTH | CHOICE

GENERATIONS

Attached is the authorization to disclose personal health information from you requested. You may take back “revoke” your written permission at any time. You may revoke authorization in writing to the address noted below or by calling member services.

If you are requesting personal health information for a deceased beneficiary, please include a copy of the legal documentation which indicates your authority to make a request for information.

Acceptable documentation:

- Executor/Executrix papers
- Next of Kin attested by court documents with a court stamp and a judge signature
- Letter of Testamentary or Administration with a court stamp and judge signature
- Personal representative paper with court stamp and judge signature

Where to return your completed authorization form:

Steward Health Choice Generations
410 N. 44th Street Suite 900
Phoenix, AZ 85008

Please call Steward Health Choice Generations at 1-844-457-8943 if you have any questions. TTY users should call 711. We are open seven days a week, from 8 a.m. to 8 p.m.

Thank you for your continued membership in Steward Health Choice Generations.

Steward Health Choice Generations HMO D-SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Steward Health Choice Generations HMO D-SNP depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

[(For materials non-small sized, therefore 8.5x11 paper output)][Full Non-Discrimination Notice and Multi-language insert with TOP 15 state specific languages]

Steward Health Choice Generations HMO D-SNP
410 North 44th Street, Suite 900 • Phoenix, AZ 85008
Phone: (844) 457-8943 • TTY: 711 • www.stewardhealthchoiceut.org

HEALTH | CHOICE

GENERATIONS

Steward Health Choice Generations will only disclose the personal health information you want disclosed. Use this form if you want Steward Health Choice Generations to give your personal health information to someone other than you.

First Name:	Middle Initial:	Last name	Birth Date:
Member Number:		Home Phone Number:	
		()	

Check only **one** box below indicating how long Steward Health Choice Generations can use this authorization to disclose your personal health information.

- Disclose my personal information indefinitely
- Disclose my personal information for a specified period only

Beginning: _____ (mm/dd/yyyy) **Ending:** _____ (mm/dd/yyyy)

Personal Representative: _____

Birth Date: _____

Address: _____

Phone number: _____

Relationship to Member: _____

Check here if you are signing as a personal representative. Please attach the appropriate documentation which indicates your authority to make a request for information, for example legal power of attorney.

I understand that by signing this form I authorize Steward Health Choice Generations to disclose my personal health information to the person(s) I have named on this form.

Your Signature*: _____ **Date:** _____

Steward Health Choice Generations HMO D-SNP
 410 North 44th Street, Suite 900 • Phoenix, AZ 85008
 Phone: (844) 457-8943 • TTY: 711 • www.stewardhealthchoiceut.org