

## **SPOUSAL/OVER-AGE DEPENDENT AUTHORIZATION FORM FOR THE GROUP RESOURCES WEBSITE**

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations became effective on April 14, 2003. The privacy regulations generally require, among other things, that your health care plan only disclose Protected Health Information (PHI) to the individual who is the subject of that information or when authorization is supplied by that individual. When properly completed and submitted, this form will allow employees to access medical claims information on the Group Resources® website for spouses and dependents over the age of 18. If you have more than one over age dependent, please use two authorization forms.

### **SPOUSE**

I \_\_\_\_\_, spouse of employee \_\_\_\_\_,  
(please print) (please print)  
grant access to my medical claims information to the Employee listed below through the Group Resources website.

### **DEPENDENT AGE 18 AND OVER**

I \_\_\_\_\_, dependent of employee \_\_\_\_\_,  
(please print) (please print)  
grant access to my medical claims information to the Employee listed below through the Group Resources website.

I understand that this authorization is voluntary, and that the information to be disclosed is protected by law. This authorization will remain in effect until rescinded in writing. My treatment, payment, enrollment and eligibility are not conditioned upon signing this authorization.

**SPOUSE'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**DEPENDENT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**USER NAME\*** \_\_\_\_\_

\*User name: You will select a user name when you log into the Group Resources website for the first time. Please enter it here. This authorization cannot be processed without this information.

**\*\*\*HR MANAGER'S SIGNATURE** \_\_\_\_\_

**\*\*\*DATE** \_\_\_\_\_

**\*\*\*The HR Manager's signature and date are required or this authorization cannot be processed.**

This form should be faxed to (770) 814-0351. Any other method of transmission will result in a delay in processing. Authorization will appear on the website within 24-48 hours after receipt of this form.