MOUNT CARMEL Health Plan
A Member of Trinity Health

MediGold

5955 E Broad Street
Health Plan - Second Floor
Columbus, OH 43213
Phone: 800-240-3851
Fax: 833-256-2871

Release of Information Form

Submit completed form via fax to 1-614-546-3148 OR return this completed form to: Mount Carmel MediGold Health Plan - Enrollment Department, 5955 E Broad Street, Health Plan - Second Floor, Columbus, OH 43213

I hereby authorize the release of information regarding my Mount Carmel MediGold Health Plan coverage to the individual(s) or organization(s) named below. I acknowledge that this form is intended solely for the release of the information as set forth below and cannot be used to authorize any action by the authorized person or organization on my behalf. I understand that this authorization is voluntary and made to confirm my direction. I understand that if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws. I understand that my eligibility for health benefits, my enrollment in Mount Carmel MediGold Health Plan and payment for services will not be affected by whether or not I sign this authorization.

I authorize the individual(s) or organization(s) named below to act on my behalf regarding the following matters:

1. All my Mount Carmel MediGold Health Plan monthly premium account information.
2. All medical information on file for me at Mount Carmel MediGold Health Plan including specific claim information.
3. All information regarding the management of my care.
4. All my Mount Carmel MediGold Health Plan enrollment and eligibility information.

Member's Information

Print Member's Name

Signature of Member

Date

Member's ID Number

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The Person of Organization to Whom the Information May be Released

In the event we can't contact you, we may call or write to the person(s) listed below in regards to any authorized matter in which they may act on your behalf.

Name of Person/Organization to Whom Information Can Be Released		Relationship
Street Address of Person/Organization	**City**	**State**
Zip	**Phone Number of Person/Organization**	

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Mount Carmel MediGold Health Plan will continue to release information as indicated on this form until we receive written notice from you.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Mount Carmel MediGold (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).

Mount Carmel MediGold (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county. Mount Carmel MediGold (HMO/PPO) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping) and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-240-3851 (TTY: 711). 注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-240-3851 (TTY: 711).