

# Authorization for Use and Disclosure of Psychotherapy Notes



Use this form to authorize WyoBlue Advantage to disclose your protected health information to an individual other than yourself or as specified and permitted in our Notice of Privacy Practices. If you are filling out this form on behalf of someone else, please complete Section F in addition to Sections A through D.

**Section A: Authorization** – I authorize the use and disclosure of my psychotherapy notes as described in Sections B and C below. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

NAME		DAYTIME PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	ENROLLEE ID

**Section B: Information for use and disclosure** – Describe in detail the psychotherapy notes to be used and disclosed (providers, treatment dates, etc.):

**Section C: Authorized use and disclosure** – State who you are authorizing to receive your psychotherapy notes. *If psychotherapy notes are disclosed under your authorization to persons or organizations not subject to federal or state privacy laws, it may be redisclosed and no longer protected.*

☐ I authorize you to disclose my psychotherapy notes to the following person(s) and entities:

The purpose(s) of this disclosure is (you may state “at my request”): \_\_\_\_\_

\_\_\_\_\_

☐ I authorize the following person(s) and entities to disclose my psychotherapy notes to WyoBlue Advantage:

The purpose(s) of this disclosure is (you may state “at my request”): \_\_\_\_\_

\_\_\_\_\_

## Section D: Expiration and revocation

This authorization will expire on: \_\_\_\_\_ OR when the following occurs: \_\_\_\_\_  
*Date*

☐ I understand that I can revoke this authorization at any time by submitting a written request on a standard form, available online or by calling **1-877-411-6950**. TTY users call **711**. I understand that revocation will not affect actions taken prior to our receipt of any revocation request.

## Section E: Signature

\_\_\_\_\_  
*Signature* *Date*

**Section F: Personal representative** – If you are not the patient, please sign and date section F of this form. Check the box that describes your relationship to the member. **If you are not the parent, please attach proof of your relationship to the member (e.g., power of attorney, personal representative documentation, etc).**

Printed name of personal representative: \_\_\_\_\_

Signature of personal representative and date: \_\_\_\_\_

☐ Parent of minor child    ☐ Legal guardian    ☐ Power of attorney    ☐ Executor    ☐ Other

THIS  
SPACE  
IS  
LEFT INTENTIONALLY  
BLANK

**Instructions for Completing  
Authorization for Use and Disclosure of Psychotherapy Notes**

**Fill out the form completely.** The authorization is not valid unless it is filled out completely.

- This form cannot be used as a joint authorization with another member; therefore, each member must submit a separate form
- Please type or print the information

**Section A: Authorization.** Please include the following information about the member whose protected health information is being disclosed:

1. Member's first and last name.
2. Member's full street address, including city, state and ZIP code.
3. Include the member's enrollee ID/contract number as it appears on the member's WyoBlue Advantage ID card.
4. Member's telephone number, including area code.

**Section B: Information for use and disclosure**

1. List the information to be used and disclosed (for example you can put "any and all" or list the specific claims or dates covered by the authorization).

**Section C: Authorized uses and disclosure**

1. If you want us to disclose any psychotherapy notes in our possession, check the first box and list the person or entity to whom the protected health information will be disclosed. Include: first and last name when you want to authorize a specific individual to receive your protected health information.
2. If the member is requesting that others disclose his or her protected health information to WyoBlue Advantage, please check "Disclosure to WyoBlue Advantage" and list the person(s) who will disclose the information. You may simply state "at my request" if appropriate.

**Section D: Expiration and revocation**

1. Fill in the date upon which the authorization will expire (day, month and year) or the event or activity that will trigger expiration of the authorization (e.g. until revoked or upon my death).
2. Members can revoke authorizations at any time. Revocations must be submitted using the standard WyoBlue Advantage revocation form. Members can get the forms online at [www.WyoBlueAdvantage.com](http://www.WyoBlueAdvantage.com) or by calling **1-844-682-9966**. TTY users call **711**.

**Section E: Signature** – Members must sign and date the authorization unless the form is completed by their personal representative (see below).

**Section F: Personal representative**

1. If a personal representative is signing the authorization form on behalf of a member, the representative must sign their name and date in the signature line and specify their relationship to the member by checking the appropriate box below the signature.
2. The personal representative must print their name and relationship to the member and authority to sign. If the personal representative is someone other than the parent of a minor child, written proof is required.

**The signer will receive a copy of the completed authorization form via return mail. The original authorization form will be kept on file.**

<b>Mailing instructions</b>	<b>Faxing instructions</b>
Please mail completed authorizations to: Customer Individual Rights Unit Mail Code <b>1620</b> 600 E. Lafayette Blvd. Detroit, MI 48226	Please fax completed authorizations to: <b>1-877-522-4767</b>

Members who need additional assistance completing this form should call a customer service representative at the number listed on the back of their member ID card, or the operator at **1-844-682-9966**. Monday to Friday, 8 a.m. to 8 p.m. Mountain time with weekend hours October 1 through March 31. TTY users **call 711**.