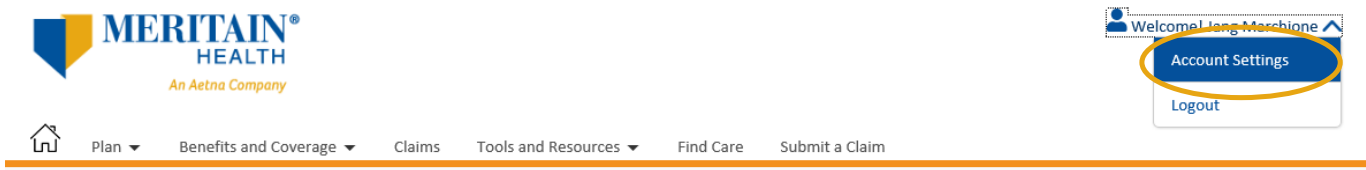




HIPAA Authorization through your Meritain Health[®] Member Website


With your website, every dependent over 18, by law, must set up their own online account. This is because of HIPAA privacy rules. However, through your online website, you can allow other adult dependents on your plan to view your personal claims. To do this, click on the profile icon.

Then, select *Account Settings*.



Next, click on the *update HIPAA Authorization Settings* tab on the *Account Settings* page. If you're the plan subscriber, you'll see a list of all adult dependents on your plan who have registered on the website. To allow a dependent to view your claims, click the *grant access* button next to their name in the list, and follow the prompts.



 **HIPAA Authorization to Disclose Protected Health Information**
(Authorization to View Claims History and Claims in Process)

View Current Permission

By completing this authorization process, you will be authorizing the release of your Protected Health Information, as defined in the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), to a certain individual of your choice that are registered on the Meritain website. The individual to whom you grant access will have the ability to view information regarding your claims history and your claims in process on the Meritain Health member website. To begin the process, please click on the "Grant Access" link next to the corresponding individual below. **You may revoke a HIPAA Authorization at any time by clicking the "Revoke Access" link next to the corresponding individual below and following the revocation process. You may also change a HIPAA Authorization's expiration date at any time by clicking the "Change Date" link below.** If you would like other family members to access your information, they must register on the website first.

Any HIPAA Authorization granted on this website is limited to the release of information regarding your claims history and your claims in process on the Meritain Health member website.

| | | |
|-----------------------|---|--------------|
| Name | : | Jane Doe |
| Member ID | : | 1234567891 |
| Group ID | : | 12719 |
| Division / Department | : | 12345-6 |
| Date of Birth | : | 01/01/1965 |
| Email | : | jdoe@aol.com |

HIPAA Settings Table

Export Print

| Member ID | First Name | Last Name | Date of Birth | Member Type (Subscriber or Dependent) | Authorization to view my Protected Health Information | Expiration Date | Access |
|------------|------------|-----------|---------------|---------------------------------------|---|-----------------|------------------------------|
| 1234567891 | Jane | Doe | 01/21/1963 | Dependent | No | - | Grant Access |

Step 1 **Step 2** Step 3

Step 1 of 3

HIPAA Authorization to Disclose Protected Health Information

Jane Doe 12345678

I am authorizing the release of information regarding my claims history and claims in process, which includes my Protected Health Information, to the following individual:

| | |
|---|----------------|
| Name | Jane Doe |
| Member ID | 1234567891 |
| Group ID | 12719 |
| Division / Department | 12345-6 |
| Date of Birth | 01/01/1965 |
| Relationship with Subscriber | Married Spouse |
| Expiration Date | |
| Authorization to view my protected health information | No |

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable state law, I authorize the use and disclosure of my Protected Health Information as described below and I acknowledge and agree to the following:

I understand that my Protected Health Information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present, or future payment for the provision of health care to me.

Yes, I agree

[Cancel Request](#)

[Continue](#)

You can also remove access by clicking the *Revoke Access* button next to the dependent's name.

When you grant access to your HIPAA information through your website, Meritain Health Customer Service is automatically notified. Also, if you notify our Customer Service team of your authorization, it's automatically updated on your website. There's no need to make the update in both places!

Questions?

Just call our Customer Service department at the number on the back of your ID card.

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