MESSA
www.messa.org

1475 Kendale Blvd., PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

Authorization to Use and Disclose Protected Health Information (PHI)

(Please Print)

Individual Authorizing Release of PHI

First Name	Last Name		Member's Contract Number
Address			Day Time Telephone Number(s) ( ) Area Code
Address 2			( ) Area Code
City	State	Zip Code	( ) Area Code

Please describe in detail the specific information you are authorizing to be used or disclosed. Include provider names, dates of treatment, and types of services when applicable. *(For use of disclosure of psychotherapy notes, you must use a different form.)*

ANY AND ALL INS CLAIM REOCRDS AS KEPT IN YOUR SYSTEM, ENTIRE CONTENTS OF FILES, INSURANCE POLICY, SUMMARY OF SUBSCRIBER PROVIDERS, PAYMENT HISTORY TO PROVIDERS, EOB, EXPLANATION OF REVIEWS, DENIALS, SUMMARY PLAN DESCRIPTION, INCLUDING ALL COMPUTER STORED DATA OR HARD FILES AND ANY OTHER RECORDS AS SPECIFIED IN THE ATTACHED LETTER OR SUBPOENA.

Check if your authorization includes the disclosure of information regarding:

- ☐ AIDS, ARC or HIV testing/treatment
- ☒ Substance abuse (including alcoholism). The recipient of this information must obtain an additional authorization from me before the information may be re-disclosed.
- ☒ Mental Health Services (excluding psychotherapy notes)

Authorized Uses and Disclosures

Disclosures *by* MESSA

☒ I authorize MESSA to disclose my Protected Health Information described above to the following persons or entities:

C D Services Inc
24027 Research Drive
Farmington Hills MI 48335

☒ I further authorize the persons or entities listed above to use my Protected Health Information for the following purposes (or write "at my request"):

All purposes allowable by law

Disclosures *to* MESSA

☐ I authorize the following persons or entities to disclose my Protected Health Information described above to MESSA. I further authorize MESSA to use my Protected Health Information for the following purposes:

Expiration and Revocation

This authorization will expire one year from the date of your signature unless you indicate otherwise; OR when the following occurs:

one year from date signed

You may revoke this authorization at any time by sending a written request on a standard form available at ***www.messa.org*** or by calling the MESSA Privacy Officer at 800.292.4910. Revocation will not affect actions taken before MESSA receives the revocation request.

Authorization

I hereby authorize the use or disclosure of my Protected Health Information as specified above. I understand that this authorization is voluntary. I also understand that once my PHI is used or disclosed by MESSA as authorized above, MESSA is not responsible for the designated recipients' use or disclosure of the PHI.

Signature of Individual Requesting Use/Disclosure of PHI	**Date**

If a representative signs this authorization on behalf of an individual, please specify the relationship to the individual including the representative's authority to sign. Please provide proof of the relationship to the individual unless the individual is your minor child.

Representative's Name	Relationship to the individual and authority to sign

Sign and return this form to: Privacy Officer, MESSA, PO Box 2560, East Lansing, MI 48826-2560 or fax to 800.693.5160. If you have questions, please call the Privacy Officer at 800.292.4910.