

## Health Insurance Premium Payment (HIPP) Program

### CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION FAMILY MEMBER ELIGIBILITY RELEASE

Purpose: Authorization for release of Medicaid eligibility information is required by the HIPP program when the Medicaid eligible family member who is enrolled in the health insurance plan is not living in the same household as the policyholder who has the insurance coverage. Medicaid eligibility is required for HIPP participation. Therefore, it may be necessary for the HIPP program to communicate information regarding the eligibility status of a family member to the policy holder who is not living in the same household.

This consent form must be signed either by the Medicaid eligible family member if age 18 or older, or by the parent/guardian of the Medicaid family member(s) under the age of 18. If the consent form is not signed authorizing release of Medicaid eligibility information, participation in the HIPP application will be denied.

This authorization will remain in effect as long as there is continuous participation in the HIPP program. Any break in participation will require a new signed consent form.

I authorize the HIPP program to release information regarding my or my family member(s) Medicaid eligibility to \_\_\_\_\_ (policy holder name) for the purpose of participation in the HIPP program.

\_\_\_\_\_  
(Print Name: Last, First, MI)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Medicaid Family Member  
(Self/Parent/Guardian)