

Health Insurance Premium Payment (HIPP) Program

CONSENT FOR AUTHORIZATION FOR RELEASE OF INFORMATION POLICYHOLDER HEALTH INSURANCE COVERAGE RELEASE

Purpose: Authorization for release of health insurance coverage 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. It may be necessary for the HIPP program to communicate information regarding the health insurance coverage to the Medicaid eligible family member(s) who are not living in the same household. Therefore, this consent form provides authorization to release information about the health insurance coverage to the Medicaid eligible family member(s) or parent/guardian of the Medicaid member if under age 18, as it relates to participation in the HIPP program.

This consent form must be signed by the policyholder of the health insurance coverage. 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 the health insurance coverage for my Medicaid eligible family member(s) who are not living in my household that is related to participation in the HIPP program.

(Print Name: Last, First, MI)

Date

Policyholder Signature

Phone Number