

Customer Service Department 825 East Gate Blvd. Garden City, NY 11530

Re: Confidential Health Information Consent Form

Dear

Pursuant to a recent request, enclosed is a Confidential Health Information Consent Form for you to complete. By signing this form you are giving your consent to allow MagnaCare to speak to the person you have designated to be a personal representative to act on your behalf. This form will be kept on file in our office and will remain in effect until you notify us in writing otherwise.

Instructions for completing this form:

- Please check off who this disclosure applies to (yourself or your minor dependent(s))
- Print the name of the person whom you have designated as your personal representative and have authorized to receive protected health information in the space provided

Fill in the patient and member information requested in the spaces provided. Sign and return the completed form to the address listed above.

Please feel free to contact Customer Service with any questions at: 1-800-352-6465 (ASC)

Sincerely,

ASC Customer Service



MAGNACARE CONSENT TO USE, DISCLOSE OR ACQUIRE **CONFIDENTIAL HEALTH INFORMATION**

By signing this form, I agree on behalf of (check one) r that MagnaCare and its affiliates and its employees (check one) n	
Enter name of the person who you designate as your personal representative confidential health and other individually identifiable infi payment or health care operations, as those terms are Information Privacy Practices. My consent includes my confidential health information that may include diagnor information related to physical and/or mental illness, in abuse, auto-immune deficiency syndrome (AIDS), A immunodeficiency virus (HIV), communicable diseases or	explained in MagnaCare's Notice of agreement for the use or disclosure of osis, prognosis, treatment and payment including, but not limited to: substance IDS related complex (ARC), human
Patient Name:	-
Primary Member Name:	-
Patient Signature:	
Primary Member ID No:	_
Home address:	_
Home Telephone: Da	te:
Employer/Fund:	
Minor Child(ren)/Dependent(s)' name(s), when applicable	::