

**Re: Authorizing Access to Your Plan Eligibility and Claims Information**

Dear Plan Member,

I would like to welcome you to Johns Hopkins Employer Health Programs. There may be times when you want to have another person (such as a family member) get your Plan member health information. In order to do so, the privacy rules of the Health Insurance Portability and Accountability Act (HIPAA) need you to provide the Plan with written permission giving those people consent to have your Plan information.

Enclosed are two types of forms that are used for this purpose. This letter is to help you understand when a permission form is required and the differences between the enclosed forms.

The Standing Authorization is used when an adult Plan member (age 18 or older or legally recognized as an emancipated minor) wants to allow another person to contact the Plan and get information regarding their care, claims, and/or eligibility. This permission may be given for either a limited or extended amount of time. Two of the most common examples as to when this form is used are:

- Allowing a spouse or other family member to contact the Plan to discuss a claim, appeal, or a member's care with Care Management.
- Allowing a parent to contact the Plan to discuss or appeal a claim for an adult child who is out of state at college.

The Unique/One-Time Authorization Form is used when an adult plan member would like to give one-time permission for a person and/or company to get copies of a portion of a member record.

The forms must name the person who the information is to be given to and what information is to be given. The plan member or the legal plan member representative (e.g., Court Appointed Guardian, Power or Attorney for Medical Records, etc.) must sign and date the form. Proof of the plan member representative's legal designation must be included with the completed form. To help you understand, below are frequently asked questions related to Authorization forms.

**Q. What happens if I change my mind and I no longer wish to permit another person access to my PHI?**

A. You may cancel your original Authorization at any time. To do so, you must send your written cancellation to the Johns Hopkins HealthCare Compliance Department at the address listed below. Once your cancellation is received, a note will be placed into the appropriate system stating that the previously granted Authorization is no longer valid.

**Q. May I name more than one person on a form?**

A. No. You must complete a separate form for each person you wish to grant access to your personal health information (PHI).

**Q. How may I return the completed documents to the Compliance Department?**

A. You may send the completed documents to the Compliance Department:

Mail: Johns Hopkins HealthCare LLC  
Attn: Compliance Department  
6704 Curtis Court  
Glen Burnie, MD 21060

**or**

Fax: 410-424-4996

**or**

E-mail: [Compliance@jhhc.com](mailto:Compliance@jhhc.com) (Note: Your e-mail must include your electronically scanned completed form with your handwritten signature.)

**Q. May I sign the document electronically?**

A. No. The Compliance Department requires your handwritten signature on the form.

**Q. What do I do if I am not the plan member but hold legal guardianship or power of attorney?**

A. Please complete the appropriate Authorization form and attach a copy of the appropriate legal documents showing your legal rights to act on behalf of the Plan member. Please do not send the original documents as the Plan needs to keep a copy of the documents in our file.

**Q. Whom do I contact if I have questions?**

A. Please contact the Johns Hopkins HealthCare Compliance Department if you have any questions about completing the Authorization form(s) or whether an Authorization form is necessary in your individual case at:

Mail: Johns Hopkins HealthCare LLC  
Attn: Compliance Department  
6704 Curtis Court  
Glen Burnie, MD 21060

**or**

Telephone: 410-424-4996

**or**

Fax: 410-424-4996

**or**

E-mail: [Compliance@jhhc.com](mailto:Compliance@jhhc.com) (Note: Your e-mail must include your electronically scanned completed form with your handwritten signature.)

If you have any questions, please contact the Compliance Department using the contact information provided above.

Sincerely,



Mary E. Donnelly RN, BSN, MHA  
Director of Corporate Compliance