



HIPAA Consent Form/Release of Information

As your benefits administrator, BRMS is committed to keeping your private health information secure. BRMS is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a Federal law that restricts access to an individuals' private medical information. As part of our process of keeping your personal health information secure, BRMS will only speak to you directly regarding your health claims, unless you give BRMS written consent to speak with a representative of your choosing.

Employees and Dependents (age 13 and older) who complete this HIPAA consent form may designate an individual such as a spouse, parent, or adult child, to speak with a BRMS representative regarding their claim information. If you would like to give HIPAA consent to a designated individual, please complete this form.

SECTION 1: EMPLOYEE INFORMATION

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER
EMPLOYER NAME: Tiger Lines, LLC	EMPLOYEE E-MAIL ADDRESS & PHONE NUMBER
EMPLOYEE ID NUMBER (shown on Medical ID card)	GROUP NUMBER: 10898

SECTION 2: MEMBER CONSENT

I hereby give consent to BRMS to use and disclose my protected health information for the purpose of payment of my claims, as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to the following party/individual:

NAME OF INDIVIDUAL	RELATIONSHIP	CONTACT PHONE NUMBER

I further understand that the above-named individual may only receive claims payment information for the following members *(if applicable)*: I understand that, at any time, I have the right to revoke this consent provided that I do so in writing to BRMS at the address listed below. I further understand that any use or disclosure that occurred prior to the date I revoked my consent, including claim payments, that have not been completed, is not affected by my revocation.

MEMBER NAME & CONTACT PHONE NUMBER	RELATIONSHIP TO INDIVIDUAL	MEMBER SIGNATURE	DATE

Date in which this consent will terminate (choose one):

- No End Date
- Specific Date (MM/DD/YY): _____
- Specific Event: _____

Please complete and send via *one* of the following:

MAIL:
BRMS
Attn: Concierge Team
80 Iron Point Circle, Suite 200
Folsom, CA 95630

EMAIL: TigerLines@brmsonline.com

FAX: (916) 467.1412

For questions about your health plan, please contact member services at (844)317-9331.