

# HIPAA AUTHORIZATION INSTRUCTIONS

As a result of the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), EBMS is no longer allowed to disclose your protected health information to third parties. If you wish to allow certain individuals to have access to your protected health information please execute the enclosed Authorization and return it to EBMS.

In executing the Authorization, you will need to do the following:

1. Insert your name and address where indicated;
2. In Paragraph #2 you can insert the individual(s) you would like to have access to your information;
3. In Paragraph #3 you can insert the type of information to be disclosed. This can be as broad as you wish. It can say “any and all protected health information, including access to information on miBenefits” or it can be more specific. NOTE: If you want to allow another person access to your minor child(ren)’s information, please state the name(s) of the minor child(ren) in this Paragraph; and
4. Sign and date the Authorization.

Once you have executed the document, you can return the signed document to EBMS at P.O. Box 21367, Billings, MT 59104-1367, or you can fax it to (406) 652-5380.

You may also have access to the miBenefits website at [www.ebms.com](http://www.ebms.com). You can electronically enter your authorization after logging on to the website in lieu of completing and returning the enclosed paper form.

If you have any questions or concerns, please do not hesitate to contact EBMS at (800) 777-3575.

Thank you.

Sincerely,

EBMS

\*Authorizations are required for spouses and dependent children 18 years or older. Minor children are not required to execute Authorizations.