

Mail completed form to: Simpra Advantage, PO Box 23607, Tampa, FL 33623-3607
Or EMAIL this form to: CustomerService@Simpra.com

Release of Information Form

I hereby authorize the release of information regarding my Simpra Advantage coverage to the individual(s) or organization(s) named below. I acknowledge that this form is intended solely for the release of the information as set forth below and cannot be used to authorize any action by the authorized person or organization on my behalf. I understand that this authorization is voluntary and made to confirm my direction. I understand that if the person(s) or organization(s) that I authorize to receive my protected health information is not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws. I understand that my eligibility for health benefits, my enrollment in Simpra Advantage, and payment for services will not be affected by whether or not I sign this authorization.

1) I authorize Simpra Advantage to release information to the individual(s) or organization(s) named below regarding the following matters:

- All my Simpra Advantage monthly premium account information.
- All medical information on file for me at Simpra Advantage including specific claim information.
- All information regarding the management of my care.
- All my Simpra Advantage enrollment and eligibility information.

2) Simpra Advantage Member's Information

Print Member's Name _____

Signature of Member _____ Date _____

Member's Simpra Advantage ID Number _____

3) The Person or Organization to Whom the Information May Be Released

Print Name (of person/organization to whom information can be released) _____ Relationship _____

Street Address (of person/organization) _____ City _____ State _____ Zip _____

Phone Number (of person/organization) _____

Print Name (of person/organization to whom information can be released) _____ Relationship _____

Street Address (of person/organization) _____ City _____ State _____ Zip _____

Phone Number (of person/organization) _____

Important: Simpra Advantage will continue to release information as indicated on this form until we receive written notice from you.

