

Serving the MassHealth Program*

PROTECTED HEALTH INFORMATION RELEASE FORM
(AUTHORIZATION)

A photocopy of this authorization shall be considered as effective and valid as the original

TO: MassHealth and Doral Dental USA, LLC (“Doral”)

FAX: 262.834.3450

RE: Member Name _____ Member ID _____

Member Date of Birth _____

I hereby authorize and direct MassHealth and/or Doral to release to (name and phone number) _____, any and all information for the above named member, as designated below (*check the appropriate line*):

___ Eligibility information

___ Complete claim/authorization history

___ Other-Please describe the information being requested: _____

Please send the above via:

___ Mail to the following address: Address: _____
Address: _____
City: _____
State, Zip _____

___ Fax to the following number (_____) _____

Please be aware that when the person or organization listed above receives this information, they may be able to share it with others without your permission. If they do so, federal and state privacy law may not protect the information.

Authorized By: _____ (Signature of member, or authorized representative*) _____ (Date form signed)

Please print name of person signing this form (Telephone number where you may be reached)

* Authority of person filing out this form to act on behalf of applicant member : _____

If this form is being filled out by someone who has been appointed by a court as a legal guardian or conservator, or who has power of attorney or health-care proxy, **a copy of the applicable legal document must be attached**

Please note: the permission granted to release information will remain valid unless noted specifically here by the member. Date of expiration : _____. If any time in the future you wish to revoke this authorization, please contact Doral’s Customer Service Department at 800.207.4795. If you cancel this permission, neither MassHealth or Doral will be able to take back any information they may have shared previously. MassHealth benefits will not be conditioned on whether authorization is provided or cancelled.

* Doral Dental USA, LLC is the subcontractor to Dental Service of Massachusetts, Inc.