# Health Insurance Premium Payment Program

## HIPP Consent/Authorization Form

Members Name: _____ DOB: _____

Case number: _____ Street Address: _____

City, State, Zip _____

**Consent to Release Case Information to a Spouse, Family Member, or Significant Other:**

I give permission for Health Management Systems, Inc. (a Gainwell Technologies Company) ("HMS") to VERBALLY share information related to my case with the individuals I have identified below as authorized individuals on my case. HMS has my permission only to disclose the following information with the authorized individuals.

☐ Case Status ☐ Payment Status ☐ Confirmed Receipt of Documentation

The named individuals below ***do not*** have authority to make decisions on my behalf with regards to my responsibilities as a participating member in the program.

HMS, has my permission to discuss case status updates with the following:

Name _____ Relationship to Member _____

Street Address _____

City, State, Zip _____

Name _____ Relationship to Member _____

Street Address _____

City, State, Zip _____

**Responsibility:**

I understand that by signing this form, I am giving authorization to HMS to release information on my case to the identified parties listed above. The named parties above do not have authority to make decisions on my behalf pertaining to my responsibility as a participating member of the HIPP program. This exclusion includes submission of documentation required on my behalf. I understand that this consent form is valid for one year from the date signed, and I can revoke my consent at any time in writing by contacting the HIPP unit at HMS for further details. Refusal to sign this consent form does not affect my participation in the HIPP program.

**I acknowledge that I have read the above and give my consent to HMS to the above. I certify under the penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge.**

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

**Please return the completed form to:**
Gainwell Technologies/HIPP UNIT
100 Crescent Centre Parkway, Suite 1000
Tucker GA, 30084
**Email**: hippga@gainwelltechnologies.com
**Fax**: (800) 817-1769
If you have any questions, please contact Gainwell Technologies/HIPP Unit at (678) 564-1162, Option 1