



Authorization to Disclose Information

I, _____, hereby authorize TRICARE Management
(Print/Type name of person giving consent)

Activity and International SOS Assistance, Inc. (International SOS)/TRICARE Overseas

Program (TOP) Claims Processor to release to _____
(Print/type name of person to whom the information is to be disclosed)

information related to _____
(Print/Type name/relationship of whom the information pertains)

medical treatment and, if necessary, photocopies of any medical records which may be required for adjudication of my claim for TRICARE benefits.

This consent will expire _____ from the date shown below; however, I reserve the right to withdraw this authorization at any time to the extent that TMA and International SOS have not already taken action in reliance on it. If not previously revoked or left blank, the authorization will remain valid indefinitely.

(Signature of Person Giving Consent)

(Date)

(Sponsor Number)

TRICARE will not condition treatment, payment, enrollment, or eligibility for benefits on this authorization.

The potential exists for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer protected by the Privacy Act and HIPAA Privacy Rule.

Prohibition on Redisclosure:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is NOT sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense and not more than \$5000 in the case of each subsequent offense.

(cont.)



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to properly adjudicate your claim for TRICARE benefits.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to provide information may result in the denial of your claim for TRICARE benefits due to lack of necessary information.