

PRUDENTIAL AUTHORIZATION FORM PROCESS FOR KAISER PERMANENTE PARTICIPANTS

Faculty and staff who are currently enrolled in the Kaiser medical plan, and are applying for short term disability and/or family medical leave, are required to complete the Prudential authorization form and send it to the Kaiser center where your provider is located. Kaiser will not release employee medical information to Prudential if they do not have a completed authorization form on file.

Please note: Kaiser has its own version of the authorization form that can be used. However, we strongly recommend using the Prudential Authorization form.

Complete the Prudential Authorization form. The control number is 52144 (you will need to indicate this number on the form). We recommend that you send the form to Kaiser electronically and keep a copy of the completed authorization form for your records. However, you have three options to send your completed form to Kaiser:

1. Register on kp.org and email the completed Prudential Authorization form to HIMS (Health Information Medical Services, Kaiser's medical records department).
2. Print the completed Prudential Authorization form and fax to the medical center where your provider is located. Attached is a list of the Kaiser centers with HIMS fax numbers.
3. Drop the completed Prudential Authorization form at the Kaiser Medical records where your provider is located.

Important Note Regarding Behavior Health Authorization

Please note that a special authorization is required for behavior health. Your Kaiser HIMS center (medical records department) can assist you with this process.



The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

Group Disability Insurance Authorization

1 Claimant's Information

Form fields for First Name, MI, Last Name, Social Security Number, Employee Phone Number, and Control Number (5 2 1 4 4).

2 Authorization for Release of Information to Prudential Insurance Company

This authorization is intended to comply with the HIPAA Privacy Rule.

I authorize and instruct any health plan, physician, health care professional, medical professional, hospital, clinic, laboratory, pharmacy, clearinghouse, data warehouse, or other organization that aggregates and maintains pharmacy data, MIB, Inc. (formerly known as the Medical Information Bureau), medical facility, or other health care provider or insurance company or producer that has provided treatment, payment, or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other information concerning me or my mental or physical health to the Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize any insurance company, employer, the Social Security Administration, or other person or institutions to provide any information, data, or records relating to my Social Security, Workers' Compensation, credit, financial, earnings, activities, or employment history to Prudential.

For purposes of this Authorization, I acknowledge that any agreements I have made with My Providers that restricts the disclosure of my protected health information as described above do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction, including any restrictions on healthcare items or services for which a healthcare provider has been paid out of pocket in full.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage or benefits I have or have applied for with Prudential.

This Authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of My Providers or Prudential has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under any insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and will no longer be protected by the HIPAA Privacy Rule governing privacy and confidentiality of health information.

I understand that if I refuse to sign this Authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this Authorization.

Authorization for Release of Information to Prudential Insurance Company

X _____ Date (mm dd yyyy)
Employee Signature (indicate how related if signed by other than claimant)

NOTICE TO MONTANA RESIDENTS: You or your authorized representative are entitled to receive a copy of this Authorization, and upon request, a record of any subsequent disclosures of personal or privileged information.



Medical Center	Main Numbers	HIMS Dept.	HIMS Fax
Ashburn	571-252-6000	6064	571-252-6091
Burke	703-249-7700	7720	703-249-7717
Camp Springs	301-702-6200	6330	301-702-6349
Capitol Hill	202-346-3000	3038	202-346-3051
Columbia Gateway	410-309-4600	4622	410-309-4780
Fair Oaks	703-934-5700	5736	703-934-5777
Falls Church	703-237-4000	4006	703-536-1571
Frederick	240-529-1700	1792	240-529-1790
Fredericksburg	540-368-3700	3860	540-368-3863
Gaithersburg	240-632-4000	4175	240-632-4177
Kensington	301-929-7100	7009	301-929-7430
Largo	301-618-5500	5900	301-618-5714
Manassas	703-257-3000	3025	703-257-3118
Marlow Heights	301-702-5000	5180	301-702-5291
North West	202-419-6200	6225	202-419-6231
Prince George	301-209-6000	6190	301-209-6111
Reston	703-709-1500	1636	703-709-1699
Severna Park	410-553-2400	2432	410-553-2465
Shady Grove	301-548-5700	5751	301-548-5718
Silver Spring	301-572-1000	1080	301-572-1085
South Baltimore	410-737-5150	5160	410-737-5162
Springfield	703-922-1000	1460	703-922-1252
Towson	410-339-5500	5562	410-339-5690
Tysons	703-287-1720	1720	703-287-1721
White Marsh	410-933-7600	7627	410-933-7666
Woodbridge	703-490-8400	7785	703-490-7695
Woodlawn	443-663-6000	6290	443-663-6295

MAS.HIMS@kp.org

1-888-854-8850 (#7 – Mid-Atlantic Region)

Joseph Banks
 HIMS Area Manager
Joseph.N.Banks@kp.org

Donna G. Harris
 Sr. Regional Operations Manager
Donna.G.Harris@kp.org