

As a federal contractor, United Concordia is bound by contract and law to adhere to the Privacy Act. The Privacy Act of 1974 was established to guard against an invasion of privacy of any record retained on an individual by a Government agency. It is important to understand the restrictions the Privacy Act places on the customer service we can provide to you. Some of the restrictions are:

- Personal information can only be released to the family member to whom the information pertains if the family member is age 18 or older; unless United Concordia receives written authorization.
- Parents or legal guardians of children under age 18 can receive information on the minor child, provided the relationship to the minor can be established.
- Prior to requesting information, a legal guardian or custodial parent must establish proof of guardianship, in writing, to United Concordia.

The Custodial parent Release form(s) will allow United Concordia to issue all correspondence directly to the custodial parent, as well as payment\* for services provided to minor children by network or non-network dentists. The Custodial parent Release form(s) must be completed and signed by the sponsor and custodial parent. In lieu of the signed Custodial parent Release form(s), a valid court order or proof of guardianship can be accepted. If sending a Court Order or Proof of Guardianship, please be sure to include the sponsor's social security number and your name and address.

Court orders must contain the following information:

- The page containing the names of the plaintiff and defendant
- The page containing the name(s) of the child/children
- The page containing the custody order (who has custody, joint or sole custody)
- The page containing the judge's signature

Proof of Guardianship must contain the following information:

- The name and address of appointed guardian
- The name(s) of the child/children that the guardianship applies to
- If applicable, the dates of duration for the guardianship

\*Payment: The recipient of payment is determined by the dentist's network status and if the services were paid for during the office visit.

(Sponsor's Full Name)  
 (Sponsor's SSN or DBN)  
 (Group Name - TDP)  
 (Type of Coverage – Full, Partial, Limited)  
 (Type of Custody – Full, Shared)  
 (Parent's Full Name)  
 (Parent's Address 1)  
 (Parent's Address 2 – optional)  
 (Parent's City)  
 (Parent's State)  
 (Parent's ZIP Code)

(Dependent Child's Full Name)

\_\_\_\_\_ Effective date  
 \_\_\_\_\_ Cancel date

Note: unless otherwise revoked, this authorization will expire on the above date, event or circumstance or when the dependent reaches 18 years of age.

\*Please include any relevant documentation when mailing this form to United Concordia.

## HIPAA Privacy Acknowledgment

I understand that I may revoke this authorization at any time by sending a written notice of my revocation to:

**United Concordia Companies, Inc.**  
**TDP Customer Service**  
**PO Box 69450**  
**Harrisburg, PA 17106**

I understand that revocation of this authorization will not affect any action UCCI or its subsidiaries, affiliates, business associates, etc. took in reliance on this authorization before it received my written notice of revocation. I also understand that without my written authorization, UCCI may not use or disclose my health information for any reason except those described in UCCI's Notice of Privacy Policies and Practices. Unless otherwise revoked, this authorization will expire on the above date, event or circumstance or when the dependent reaches 18 years of age.

I understand that authorizing the disclosure of this health information is voluntary, and that I can refuse to sign this authorization.

I understand that, if the persons or organizations I authorize to receive and/or use the protected health information described above are not health plans, covered health care providers or health care clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

I release UCCI, its affiliated companies, employees, officers and business associates from legal liability for any recipient's use or disclosure of information released by UCCI in reliance on this authorization.

By selecting this box, you are acknowledging the information above

- The above referenced Sponsor acknowledges that he/she has health care coverage through United Concordia Companies, Inc. The group's name, identification number and the Sponsor's identification numbers have been accurately set forth above.
- The Sponsor hereby acknowledges that he/she and the above named custodial parent are divorced/separated and that he/she is required to provide health care coverage for the above named family member child pursuant to a valid court issued support order.
- By way of this agreement, the Sponsor directs the Plans henceforth to communicate directly with the above named custodial parent regarding claims processed on the behalf of the above named family member.
- The Sponsor acknowledges that because he/she has directed the Plans to communicate directly with the custodial parent regarding payment of claims and to pay claims directly to the custodial parent and because of the confidential nature of medical records and information, that the Plans are not obligated to provide any information to the Sponsor regarding the payment of claims incurred by the eligible family member.
- Both the Sponsor and the custodial parent acknowledge that this release shall remain in effect until withdrawn by the Sponsor.
- Withdrawal of this release shall be made in writing on the form provided by the Plans, and the Sponsor shall provide the custodial parent with written notice of the withdrawal of this release at the same time that notice is provided to the Plans.
- The Sponsor hereby releases and discharges the Plans from any and all claims, causes of action, damages and/or liability, arising out of the Plans' communication or payment of claims on behalf of the family member directly to the custodial parent.
- The custodial parent hereby acknowledges that failure to provide the Plans with a correct mailing address or failure to inform the Plans of a change in address may result in claims being improperly processed. The custodial parent hereby releases and discharges the Plans from any and all claims, causes of action, damages and/or liability arising out of the Plans' misdirection of claims information or claims payments if such was the result of misinformation or insufficient information obtained from the custodial parent.

\_\_\_\_\_  
**Custodial Parent's Signature**

\_\_\_\_\_  
**Sponsor Signature's**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**OPTIONAL:**

*By completing the statement below, the custodial parent authorizes the non-custodial parent to receive information on the dependent child/children indicated on this form:*

*I hereby authorize and approve the release to \_\_\_\_\_, any and all records and patient files in your possession which refer, relate or pertain to \_\_\_\_\_ (child's name). I understand the authorization will remain in effect indefinitely, unless I revoke the authorization in writing.*

**CUSTODIAL PARENT'S SIGNATURE**  
*(If child is under 18 years of age)*

**BENEFICIARY'S SIGNATURE**  
*(If 18 years or older)*

**Privacy Act Statement**

Authority: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 C.F.R. Part 199.17, TRICARE Program; 45 C.F.R. Parts 160 and 164, HIPAA Privacy and Security Rule; E.O. 9397 (as amended, SSN).

Purpose: To provide office automation tools that assist United Concordia Companies, Inc. (UCCI) personnel in carrying out Active Duty Dental Program (ADDP) mission-related functions.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Information from this system may be shared with federal, state, local, or foreign government agencies, and to private business entities, including 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. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays.