



# Missouri Department of Transportation & Missouri State Highway Patrol



## MEDICAL AND LIFE INSURANCE PLAN

1913 William Street  
PO Box 270  
Jefferson City, MO 65102

Toll free 877-863-9406  
Voice 573-526-0138  
Fax 573-522-1482

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### AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I designate the person(s) named below to receive information from representatives of the MoDOT/MSHP Medical Plan (herein referred to as Plan Representatives) about my medical information, on my behalf, in order to assist me in resolving questions about my health care coverage, including prescription drug coverage. I understand that this information may include Protected Health Information and other information protected by law. I agree Plan Representatives may share this information with the person(s) designated below.

By signing this form, I release Plan Representatives from any liability of any nature in connection with its release of my Protected Health Information to the person(s) designated below consistent with the terms of this form and any use, misuse or secondary release of such information by the person named below:

I understand this designation will be effective until I notify MoDOT's Benefit Office at the location noted above of a change. I understand that I may change or cancel this request by sending my change in writing to the address below:

**Member Name:** \_\_\_\_\_

Member ID #: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If someone other than the Member is signing this form, i.e., health care power of attorney or legal guardian, sign your name(s) and your relationship to the member. Attach appropriate documentation to this form if it has not been previously submitted to Coventry Health Care, Inc.

#### Designated Individual Information:

**Designee Name:** \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Designee Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Designee Phone #: \_\_\_\_\_

**Send this form to:**  
MoDOT  
Risk and Benefits Management  
1913 William Street  
Jefferson City, MO 65109

**Please keep a copy of this form for your records**