

# Provider Notice



**From: Magellan Healthcare**

**Subject:** Important: Authorization to use/disclose PHI forms must be completed entirely

**Completing the *Member Authorization for Use and Disclosure of/Consent to Release Protected Health Information (PHI)* form (AUD form) is essential to coordinating member care**

We've noted a trend of incomplete AUD forms being submitted to Magellan. **Incomplete AUD forms are invalid and do not permit Magellan to share information with the person/entity that the Idaho Behavioral Health Plan (IBHP) member has designated on the form.**

Please ensure the member completes sections 4, 5, and 6. Without this vital information, we do not know the following key information:

- The PHI that Magellan may release (Section 4).
- The reason the member would like to release PHI (Section 5).
- When the member would like their authorization to expire (Section 6).

**It is essential that the entire AUD form be completed fully and accurately**, with no sections left blank. These are all required elements pursuant to the HIPAA regulations and/or the federal substance use disorder confidentiality regulations.

## **More information**

For help assisting members with completing AUD forms, refer to the instructions on our [Provider Forms](#) page at [MagellanofIdaho.com](http://MagellanofIdaho.com). See *Member Authorization for Use and Disclosure of/Consent to Release Protected Health Information (PHI)*.

We appreciate your attention to this matter and look forward to our continued collaboration in assisting IBHP members with obtaining care.