

Authorization to Pay Girl Scout Membership Fee

I authorize BlueChoice HealthPlan Medicaid (“BlueChoice”) to pay my daughter’s annual membership fee for the local Girl Scouts of the USA (the “Girl Scouts”) so she can receive Girl Scout Program Materials and participate in Girl Scout activities. I understand that, for BlueChoice to pay the Girl Scouts, BlueChoice must inform the Girl Scouts that my daughter is enrolled in BlueChoice. I authorize BlueChoice to do so. This authorization does **not** permit BlueChoice to disclose any other information about my daughter or to disclose any information to another party.

I understand that the Girl Scouts may not be subject to federal or state health information privacy laws and, therefore, could re-disclose any or all of the information disclosed to them. BlueChoice will not condition my daughter’s (or my) enrollment in a health plan or eligibility or payment for benefits under a health plan on receiving this authorization.

This authorization is voluntary. I may revoke this authorization by sending a request in writing to BlueChoice at the address listed below. My revocation will not affect any use or disclosure of information about my daughter that BlueChoice makes before my revocation. This authorization will expire once BlueChoice pays my daughter’s annual Girl Scout membership fee.

I have read the contents of this authorization and understand it. I understand that by signing below, I am confirming my authorization for the use and disclosure of information described above.

Daughter’s Name (please print clearly) Date: _____

Parent’s or Guardian’s Name (please print clearly) BlueChoice Member ID Number (please print clearly)

Parent’s or Guardian’s Signature

Please check appropriate box: Parent or Guardian

Please return this form and the **BlueChoice HealthPlan Medicaid Assistance Request** to the Girl Scout Council or:

BlueChoice HealthPlan Medicaid
Attn: Donna Williams
Mail Stop: AX-422, Phase 1, 4th Floor
P.O. Box 6170
Columbia, South Carolina 29260-6170
(803) 382-5814 (phone number)
(803) 382-5673 (fax number)

Please make a copy of this authorization before you submit it if you would like to keep a copy for yourself.