

## SECTION 1 Name of MassHealth applicant or member

Permission is given for MassHealth and its representatives to share information listed in **Section 2** about

(name of applicant or member whose information is to be shared)

Street

City/State/Zip

Date of birth

Telephone number

MassHealth ID number

**Please Note:** If you do not have a MassHealth ID number, please use your social security number; if one has been issued, unless you are applying for or getting only MassHealth Limited, Children's Medical Security Plan (CMSP), or Healthy Start benefits.

## SECTION 2 What information do you want shared?

Check the box or boxes that apply.

I am giving MassHealth permission to share eligibility notices and information about eligibility for, and access to, MassHealth benefits, with the person or organization listed in **Section 3**. Please note such notices may contain financial information. Check this box only if you want the person or organization in **Section 3** to be able to contact MassHealth to get eligibility information and copies of your eligibility notices.

**Please Note:** Eligibility notices include information about all members of a household. If you check this box, a separate PSI form must be submitted and signed by each member of your household who is 18 years or older. If we do not get forms signed by each member of your household who is 18 years or older, we will not be able to honor your request.

- a summary of my MassHealth claims from \_\_\_\_\_ to \_\_\_\_\_ (month/year) (month/year)
- MassHealth's file containing my applications and related information
- other (please be specific):

I give permission for Project Citizenship to receive confirmation of my MassHealth eligibility in the form of a confirmation letter that includes my name and date of birth. Please fax to Project Citizenship at 617-859-9993 a letter that states that my MassHealth eligibility status as of the date of the letter.

By giving MassHealth this permission to share information, are you also giving MassHealth permission to share drug and alcohol treatment information?

- Yes. Share drug and alcohol treatment information.
- No. Do not share drug and alcohol treatment information.

## SECTION 3 Whom do you want us to share information with?

List the name of ONLY ONE person or organization in this section. You must fill out another PSI form if you want to name more than one person or organization.

MassHealth may share the information listed in

**Section 2** with

**Project Citizenship**

Name of person or organization

In care of (name of person in organization to whom mail should be sent)

4 Faneuil South Market Building 3rd Floor

Street

Boston, MA 02109

City/State/Zip

617-694-5949

Telephone number

## SECTION 4 Why do you want us to share your information?

Tell us why you want to share the information listed in **Section 2**. If you leave this section blank, we will assume you mean "at my request."

## SECTION 5 End of permission

This PSI will end in 18 months unless you specify an end date here. \_\_\_\_\_

## SECTION 6 Your signature

I understand the following.

- When the person or organization named in **Section 3** gets this information from MassHealth, that person or organization may be able to share it with others without my permission. If they do so, federal and state privacy laws may not protect the information.
- I need to send this PSI to the appropriate address on the back page of this brochure.
- I may cancel this permission at any time by sending a letter to Privacy Office, 600 Washington Street, Boston, MA 02111.
- If I cancel this permission, MassHealth cannot take back any information that it shared when it had my permission to do so.
- If I do not give MassHealth permission to share information, or if I cancel my permission to share information with the person or organization named in **Section 3**, my MassHealth benefits will not be affected in any way.
- In certain circumstances, MassHealth may not honor my request to share information.

Name of applicant or member

Signature of applicant or member

Date

(See other side.)