

# UNITED CONCORDIA

## TRICARE DENTAL PROGRAM

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 participating or non-participating providers. **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 provider's participation status and if the services were paid for during the office visit.



- 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.

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

By: \_\_\_\_\_  
**Sponsor Signature's**

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

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

Please return the completed form to:

United Concordia Companies, Inc  
 TDP Customer Service  
 P.O. Box 69410  
 Harrisburg, PA 17106-9410

**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 \_\_\_\_\_ (dependent'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)