

Certification of Parental Rights



This form may be used by an individual to certify to US Family Health Plan (USFHP)* that they are the parent of a member when they are not enrolled on the same policy.

All fields are required. Incomplete or incorrect forms will be returned to the parent's address provided below.

Member Information – For minor enrolled on a USFHP plan (“Member”)

Name:

Date of Birth:

ID Number:

Parent Information – For individual certifying their parental rights related to Member (“Parent”)

Name:

Relationship to Member:

Street Address:

City, State, Zip Code:

Date of Birth:

Phone Number:

Email Address:

Terms of this Certification

1. I hereby certify that I am the parent of Member and that my parental rights have not been revoked by any legal authority.
2. I understand that I am obligated to inform USFHP of any change in the status of my parental rights related to Member.
3. I acknowledge and agree that USFHP may investigate my claim as the parent of Member and understand that any misrepresentation in the information provided will permit USFHP to revoke my access to Member's information and seek other legal remedies.
4. I understand that if Member is age 12-17, I may not have access to information in the following protected categories unless Member provides specific authorization: abortion, AIDS/ARC, alcohol and substance abuse (including information about services provided by federally assisted substance use treatment programs), behavioral health, domestic violence, genetic testing, HIV, physical abuse, reproductive health, and sexually transmitted infection testing, treatment and prevention.
5. This Certification will terminate the day before Member's 18th birthday, unless earlier revoked.

I have read and understand the terms of this Certification.

Signature of Parent

Date

Printed Name

*For purposes of this Certification, USFHP refers to Tufts Health Plan and includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Point32Health Services, Inc. group health plans, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, Tufts Benefit Administrators, Inc., Total Health Plan, Inc., CarePartners of Connecticut, Inc., and all of their present and future affiliates. This request also applies to vendors acting on behalf of the above-named entities.



Please return completed form to:

<p>Via FAX:</p> <p>ATTN: Member Services 1-617-673-0380</p>	<p>Via MAIL:</p> <p>Tufts Health Plan ATTN: Member Services - USFHP 1 Wellness Way Canton, MA 02021-1166</p>
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If you have any questions about this form, please contact a Tufts Health Plan Member Services representative at the number located on your member ID card.