

**CoverKids Birth Reporting Form**

**Permission to Release Protected Health Information**

*(Use this form* ***only*** *for pregnant women enrolled in CoverKids)*

**Information for Mother in CoverKids**

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| --- | --- | --- |
| Name (First, Middle, Last): Click here to enter text. | | |
| SSN (if applicable):  Click here to enter text. | CoverKids ID #:  Click here to enter text. | Date of Birth: Click here to enter a date. |

**Newborn Child’s Information**

|  |  |
| --- | --- |
| Name (First, Middle, Last):  Click here to enter text. | |
| Sex: Choose an item. | Date of Birth: Click here to enter a date. |

**Hospital/Birthing Center Information**

|  |  |
| --- | --- |
| Name:  Click here to enter text. | Phone Number:  Click here to enter text. |
| Address:  Click here to enter text. | |

**Mother in CoverKids:** I am enrolled in CoverKids and I give permission to the Hospital/Birthing Center listed above to release information about myself and my newborn child to the Bureau of TennCare, CoverKids, or their designated contractors in order to determine medical coverage eligibility for programs such as TennCare Medicaid and CoverKids. The Hospital/Birthing Center may provide only the information included on this form. My permission ends five (5) days from the date of this document.

I understand my eligibility and ability to obtain health care and coverage does not depend on my granting this authorization. I understand that information shared in this document may be shared with others. Not everyone has to follow privacy rules. I understand I can terminate this authorization at any time by giving written notice to the Hospital/Birthing Center. This will not change facts they have already shared.

|  |  |
| --- | --- |
| Signature of Mother in CoverKids: | Date: Click here to enter a date. |

If applicant/recipient is not able to sign, an authorized representative may sign and provide legal documentation of authority (e.g. power of attorney, custody documentation).