

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to take part in the Weight Watchers[®] program I understand that I need to authorize MeridianComplete to release certain limited personal and medical information Meridian maintains to Weight Watchers[®].

This information will include my name, birthdate, and a brief description of the diagnosis which allows me to participate in the program, along with any preventative measures outstanding.

I understand that Meridian will not condition (make available or deny) treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization, but signing the authorization is necessary to take part in the Weight Watchers[®] program.

This authorization expires when I am no longer a member of MeridianComplete, unless I choose to revoke this authorization earlier, which I may do at any time.

In order to revoke the authorization, I must write to Chief Privacy Officer, MeridianComplete, 333 South Wabash Avenue, Suite 2900, Chicago, IL 60604.

I understand that any revocation will not be effective with respect to any information that has already been released when my revocation is received by MeridianComplete.

I understand that Weight Watchers[®] may possibly re-disclose the information to others without my knowledge or consent and therefore the privacy of my medical records may no longer be protected by law.

After reading and understanding the terms of this Authorization, I authorize MeridianComplete to disclose my personal health information to allow me to participate in the Weight Watchers[®] program.

Member Signature

Member Printed Name

Date

MEDICAL INFORMATION SHEET

You must have your doctor fill out the form below and fax it, along with any medical records related to weight, height, BMI, and co-morbid conditions, to 312-980-0426.

Member Name:	Member ID#:	Date of Birth:	
Age:	Height:	Weight:	BMI:
<input type="checkbox"/> Physician Note: I have ruled out other treatable causes of obesity.			
Physician Name:	Physician Signature:		Date:

All incomplete forms will be returned.

Call MeridianComplete with questions: 855-580-1689 (TTY: 711).