



EMANCIPATED MINOR REQUEST TO RESTRICT ACCESS TO CLAIMS INFORMATION

DHMP subscribers have access to claims information for dependents under the age of 18. If you would like to restrict the subscriber from having access to this information AND you are an emancipated minor, you must fill out this form, sign it and mail to:

DHMP Compliance Department
938 Bannock Street
Denver, CO 80204

EMANCIPATED MINOR INFORMATION:

Name (Last, First, Middle Initial)

Member ID #

Home Address

City, State, Zip Code

Relationship to Subscriber

Primary Phone #

Date of Birth (MM/DD/YY)

Check here to restrict access for the subscriber listed below. The subscriber will no longer have access to your claims information.

SUBSCRIBER INFORMATION:

Name (Last, First, Middle Initial)

Member ID #

Home Address

City, State, Zip Code

Relationship to Emancipated Minor Primary Phone #

Date of Birth (MM/DD/YY)

DHMP reserves the right to request copies of any and all documentation in support of this request, including any relevant orders from a court of competent jurisdiction, or other documents establishing any rights or privileges claimed by the undersigned. Requests submitted may be subject to review by DHMP prior to approval.

I am aware that I may request to receive a copy of this authorization. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this authorization shall be in force until revoked by me in writing.

Signature of Emancipated Minor

Date (MM/DD/YY)