

## INSTRUCTIONS

### Authorization to Use and Disclose Protected Health Information Form

Authorization to Use and Disclose Protected Health Information (PHI) Form – Use this form to allow us to share your health information.

Please complete the Authorization to Use and Disclose Protected Health Information Form to give us your OK to share your health information.

If you have any questions about anything on this form, please call the phone number listed in Section 10 of the Form.

#### **Section 1. Member**

This is information about you. Please print your name, address and date of birth. Please also include the ID number of the member who is giving Magellan the OK to share their PHI.

In the area called "Check One," please check the box to tell us who is filling out the form.

- If it is you, the member, then check the first box.
- If it is someone who the law says can act for you, please check the second box.

#### **Section 2. Who can release the PHI?**

This is information about us, Magellan Health, Inc. and its subsidiaries and affiliates. This section says we can share your PHI with your permission.

#### **Section 3. Who can the PHI be given to?**

Please list here the person or organization we can share your PHI with, and include their phone number and address, if known.

#### **Section 4. What PHI can we share?**

We will only share the health information that you say is OK to share. This can be health information about your medicines. It can also be about your mental health, alcohol or drug treatment. It does not cover psychotherapy notes that are not in your medical file. Please write in the health information you are letting us share.

#### **Section 5. What is the reason for the release?**

Please give us the reason the PHI of the member is being shared. If the release of this information is initiated by you, the member, you can indicate "At the request of the individual".

#### **Section 6. What does this approval end?**

This form must expire within 1 year. By choosing an expiration date or event, this limits how long we can share your PHI. Please check one of the boxes and give the expiration date or event. If choosing an expiration event, it should relate to the purpose of the disclosure and it must occur within 1 year. If choosing an expiration date, it must be a valid date and must not be more than one year from the date the form was completed.

**Section 7. Your Rights and Important Facts**

Please read all of Section 7 as it explains your rights and other important facts.

**Section 8. Member Signature**

This is where you sign your name and list the date you signed the form. We cannot share your health information if you do not sign and date the form.

**Section 9. Authorized Representative Signature (if applicable)**

This section must be filled in if it is not you, the member, filling in the form.

**Section 10. Where to send this form and ask questions**

This section provides ways to contact us.