

INSTRUCTIONS

Consent to Release Protected Health Information Form

Consent to Release Protected Health Information (PHI) Form – Use this form to allow us to share your health information.

Please complete the Consent to Release 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 at the top of the form.

Section 1. Member

This is information about the member. Please print the member's name, address, and date of birth. Please include the member's Medical Assistance ID number. This is the number on your Pennsylvania ACCESS card.

In the area after Section 1 called "Please check ONE", please check the box to tell us who is filling out the form.

- If you are the member, then check the first box.
- If you are someone who the law says can act for the member, please check the second box. Then use the last two check boxes to tell us if you are the parent of the member listed in Section 1, or you have the legal right to act on behalf of the member. If you are someone other than the parent, please tell us who you are on the line provided. Please note that under Pennsylvania law, children 14 years and older usually control their records and must sign the form.

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. You do not need to do anything for this section.

Section 3. Who can the PHI be given to?

Please list here the person and/or organization we can share your PHI with, and include their phone number and address, if known. You can list one specific person, a group of individuals (class), or a specific organization. You only need to list the name of a specific person at an organization, if you want to limit who has access to your PHI.

Section 4. What PHI can we share?

We will only share the health information that the member says is OK to share with the person/organization listed in Part 3. This can be health information about medicines. It can also be about mental health, and/or alcohol or drug treatment. It does not cover psychotherapy notes that are not in the member's medical file. Please be specific and tell us the health information that we can share, including dates and location of services. For example, you can say "share all of my information/records"; "share information needed to make a referral for services", or "share information needed for a complaint or grievance that was filed", etc.

Section 5. What is the Purpose for the Release?

Please give us the reason why the member's PHI is being shared. If the release of this information is being

requested by the member, you can indicate “At the request of the individual”. You can also say “to help find a facility or provider for a referral for services”, “to allow someone (family member, friend, etc.) to help me with my care”, “Coordination of Care”, etc.

Section 6. When does my OK end?

You need to tell us when the OK ends. The member can give us a date when their OK ends, but it cannot be any longer than one (1) year from when the form is signed. You can also tell us when the OK ends, but it cannot be any longer than one (1) year from when the form is signed. For example, you can say the OK ends “when a provider is found”, or “when I am discharged from services”.

Section 7. Your Rights & Important Facts

This is important information. Please read all of Section 7 as it explains your rights and other important facts. If you do not understand something, ask your provider or call Magellan for help.

Section 8. Member Signature (If 14 or older)

This is where the member signs their name and adds the date they signed the form. We may not be able to share health information if a member who is 14 years old or older does not sign and date the form. The member can sign with a mark if they understand what they are signing, but cannot physically sign their name. If they do this, it must be witnessed and dated by someone other than who is listed under Section 3 (“Who can the PHI be given to?”).

Section 9. Parent or Authorized Representative Signature (if applicable)

Authorized Representative means you have legal proof that you can act for this person. This can be a parent of a minor under the age of 18, or someone else who has legal proof that they can act for the member. If you have legal proof, please submit it along with the completed form. If the member is 14 to 17 years old, both the member and a parent/legal guardian should sign this form.

Section 10. Where to Send this Form & Ask Questions

This section lists ways that you can submit the completed form. It also lets you know how you can contact us if you have any questions.