

# Instructions

## Consent to Release Protected Health Information (PHI) 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 the form, call the phone number listed on the form in Part 7 – Your Rights and Important Facts.

After you complete the form, send it to us at the address or fax # listed on the form in Part 7 – Your Rights and Important Facts.

### **Part 1. Who is the patient?**

This is information about you. Please enter the name, address, date of birth and ID number of the patient who is giving Magellan the OK to share his or her PHI (health information).

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

- If it is you, the patient, then check the first box.
- If it is someone the law says can act for you, then check the second box. Next, check the box to tell us if you are the Parent or Guardian/Other for the patient. If you check the Guardian/Other box, put your first and last name in the blank.

### **Part 2. Who can give out the PHI?**

This is information about us – Magellan Healthcare, Inc. This section says we can share your health information once you say it is OK. You do not need to put anything in this section.

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

List who we can share your health information with. Please write the person’s first and last name or the name of the place that can have your PHI. We also need the phone number and address if you know it. **Only list one person or one place in this section.**

If you want us to share your information with more than one person or place, you will need to complete a form for each one.

#### **Part 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 file.

Write in the health information you are letting us share. Then, check the boxes if it is OK for us to share the kinds of health information listed on the form.

#### **Part 5. Why are you giving out this PHI?**

Please tell us the reason you want us to share your health information. For example, you can say things like “my friend/family member helps take care of me” or “I want my doctors to help manage my care.”

#### **Part 6. When does my OK end?**

You can tell us when we can no longer share your health information.

- Check the first box and enter the date you want the sharing to end. If you do not enter a date that is less than one (1) year, the sharing will end after one (1) year from when you sign the OK.
- Check the second box if you want the sharing to end based upon an event. Fill in what the event is that should end the sharing of your information. The event can be something like “you can share my information this one time” or “you can share my information until I get out of the hospital.” The event to end your OK must happen in less than one (1) year from when you sign the OK.

#### **Part 7. Your rights and important facts**

Please read this part of the form slowly. It talks about your rights and other important facts, including where to send your form or call if you have questions.

#### **Part 8. Signature of patient**

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

#### **Part 9. Signature of authorized representative (if any)**

This section must be filled in if it is not you, the patient filling in the form. It must be signed and dated. Along with the form, send a copy of the legal proof that you can act for the person.