Molina Healthcare | Molina Complete Care

Consent to Release Protected Health Information (PHI)

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors or AHCCCS your PHI unless you say it is **OK**. By signing this paper, you give us your **OK.** We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list. Do you have questions? We can help. Call Molina Healthcare, Inc. (Molina) at (800) 424-5891 (TTY/TDD: 711).

Part 1 — Who is the patient?

Last Name	First Name	Middle Initial

ID Number	Date of Birth (MM/DD/YYYY)	Phone Number (with area code)

Address	City	State	Zip Code

Check One

☐ I am the patient **OR**

☐ I have the legal right to act for this person. (Check one below; if "other" fill in blank)

I'm his or her: ☐ Parent OR ☐ Guardian, OR ☐ Other ____________________

Part 2 — Who can give out the PHI?

Molina may give out your PHI. Molina Complete Care manages your mental health and/or drug and alcohol treatment for Arizona Medicaid.

Part 3 — Who can the PHI be given to?

Name (a person, like family members who live with me, or a place of business)	Phone Number (with area code)

Address	City, State, and ZIP code

Part 4 — What PHI can we share?

We will **only** share the PHI that you **OK.** This **OK** includes facts about your medicine. It also includes facts about your mental health and/or your alcohol and drug treatment that are in your records. It does not cover notes that <u>are not</u> in your medical records. Tell us the health information from your records that can be shared. Give the date or place if you can.

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If you give us your OK to share <u>this</u> kind of health information, tell us by checking the box.

☐ HIV/AIDS ☐ Alcohol/Substance Abuse Records ☐ Sexual/Physical/Mental Abuse

Turn this page over.

Part 5 Why are you giving out this PHI?

Tell us why you want us to share your PHI? ____

Part 6 When does my OK end?

Your **OK** will end when you tell us it does. **Tell us when you want your OK to end:**

☐ **My OK ends on this date** (It cannot be more than one year from your **OK**) **OR**

☐ **My OK ends when this happens:** ____

(It can be something like -*you can share my information this one time*. Or "*when I come out from the hospital in one month*". It cannot be "f*orever*" or "*when I die*". The event must be within one year from when you sign)

Part 7 Your Rights and Important Facts

- Giving your **OK** is up to you. You do not have to share your information.
- You do not have to **OK** this paper. You will still get benefits and treatment.
- You can take back your OK. You must tell us in writing. Mail it to 5055 E Washington St, Suite 210 Phoenix, AZ 85034
- What if you take back your **OK?** This will not take back the PHI that we have already shared. But, we **will not** share any more of your PHI.
- If we share your PHI with the people or agencies that you named, they may share it with others. Not everyone has to follow privacy rules.
- You have a right to get a copy of this signed **OK.** If you need another copy, call Molina Complete Care at (800) 424-5891 (TTY/TDD: 711)**.**
- If you do not understand, or have questions, we can help. Call Molina Complete Care at (800) 424-5891 (TTY/TDD: 711)**.**

Part 8 Signature of Enrollee

I give my **OK** to share the information listed in this paper.

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Signature or Mark of Enrollee Date _________________________

Part 9 Signature of Authorized Representative (if any)

Authorized Representative means you have legal proof that you can act for this person. A representative signs for a person who cannot legally sign on his or her own. If the enrollee is less than 18 years old, a parent or guardian should sign for the minor.

____ _________________________

Signature of Person signing on behalf of enrollee Date

Printed Name: ______________________________________

Address: ____

Phone: ____

You should get a copy of this signed paper. Remember, Protected Health Information (PHI) means any information about your health in the past, present, or future. It includes facts like your address and date of birth. A full definition of PHI is at 45 CFR §160.103.

Notice to Anyone Other than the Enrollee

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

This information is available for free in other languages. Please contact our customer service number at (800) 424-5891 (TTY/TDD: 711) Monday through Friday 8 a.m. to 6 p.m. MST.