



Email the completed, signed and dated form to support@rxss.com OR mailed to: Rx Savings Solutions, Attn: Privacy Officer 5440 W. 110th Street, Suite #200 Overland Park, KS 66211

HEALTH INFORMATION RELEASE FORM

Member's Full Name

Member's Date of Birth

Member's Phone Number

Member's Address

City, State, ZIP Code

I authorize the following person:

Name

Phone Number

Address

City, State, ZIP Code

To use or disclose the following health information (choose one):

- All of my health information Specific health information as outlined below (please include dates if possible):

Do you authorize the release of any information related to alcohol/substance abuse, HIV/AIDS, or mental health? (choose one)

If left blank, this information will NOT be released.

- YES, disclose this information NO, do not disclose this information

The purpose of this authorization is:

- At my request (personal reasons) Other:

This authorization expires (choose one):

- Indefinite On this date: When this event occurs:

- I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations. I may revoke this authorization by notifying Rx Savings Solutions' Privacy Officer in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. FEES FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient records. You may be required to pre-pay for the copies; if not, then your copies will be mailed along with an invoice. THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.

Signature of Member

Date

If signing digitally, type /s/ before your name to count as a valid E-Signature.

OR, if applicable -

Signature of Guardian/Legal Representative

Date

Description of Relationship

If signing digitally, type /s/ before your name to count as a valid E-Signature.