



Email the completed, signed and dated form to privacy@rxsavingsolutions.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

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

Date

OR, if applicable –

Signature of Guardian/Legal Representative

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

Date

Description of Relationship