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 the Department of Medical Assistance Services (DMAS) 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 Complete Care (MCC) at 1-800-424-4518 (TTY 711).

Part 1 Who is the Member?

Last Name	First Name	Middle Initial
ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Phone Number (with area code)
Address	City	State / Zip Code

Check One:

☐ I am the member, **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?

MCC may give out your PHI. MCC manages your medical/mental health for DMAS.

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 / 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 medical/mental health included in your records. Tell us the health information from your records that can be shared. Give the date or place if you can. _____

_____

_____

_____

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

Part 5 Why are you giving out this PHI?

Please 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 medical records this one time.") If you do not tell us when your **OK** ends then we will end your **OK** in one year from when you sign. After one year, we will need a new **OK.**

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 Molina Complete Care, 3829 Gaskins Rd, Glen Allen, Virginia 23233-1437.
- 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 a copy, call MCC at 1-800-424-4518 (TTY 711).
- If you do not understand, or have questions, we can help. Call MCC at 1-800-424-4518 (TTY 711).

Part 8 Signature of Member

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

Signature of member _____ 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 member is less than 18 years old, a parent or guardian should sign for the minor. Please provide proof that you can act for this member.

Signature of person signing on behalf of member _____ Date _____

Printed name			Phone number (with area code)
Address	City	State	Zip code

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.

Return completed form and supporting documents to:

Attention: Compliance Officer, Molina Complete Care,
3829 Gaskins Rd, Glen Allen, Virginia 23233-1437

Notice to anyone other than the member

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 customer service at 1-800-424-4518 (TTY 711) Monday – Friday, 8 a.m. – 8 p.m. local time.

Esta información está disponible de forma gratuita en otros idiomas. Póngase en contacto con nuestro servicio de atención al cliente al número 1-800-424-4518 (TTY 711) de Lunes a Viernes 8 a.m. – 8 p.m. hora local.