

# Authorization for Release of Information



*Please read these instructions carefully before completing this form.*

## When to Use This Form

You must complete this form if you want Prime Therapeutics to give information about you to someone else (for example: an agent or family member).

- Parents or a legal guardian may sign for a minor unless the information being released is about:
- pregnancy,
- sexually transmitted disease,
- alcohol or drug abuse,
- abortion,
- hepatitis B shot, or
- mental illness of a minor.

For these types of records, the minor must sign the authorization.

## How to Complete This Form

The Authorization for Release of Information form must be completed and signed by:

- The person whose information will be released, or
- The parent or legal guardian of a minor whose information will be released except as listed above, or
- The personal representative of the person whose information will be released (e.g., power of attorney, conservator, legal guardian, executor).

### To complete this form:

- Fill in the name, member identification and date of birth of the person whose information will be released.
- Check the type(s) of information you want us to release.
- Fill in the name and address of the person or group who will receive the information.
- State the purpose for this authorization unless it is at the request of the Member or the Member's Personal Representative.
- Sign and date the form.
- If you are signing on behalf of the Member, please complete the Personal Representative section of the form and include your documentation of legal status, such as Power of Attorney.

## Mail or Fax This Form to:

Prime Therapeutics LLC  
Attention: Privacy Officer  
P.O. Box 64812  
St. Paul, MN 55164-0812  
**Fax:** 866-470-8807

**Note: Under the law, an authorization for use or disclosure of psychotherapy notes cannot be combined with an authorization for use or disclosure of other health care information.**

