

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.

