

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Fill out the form completely. The authorization is not valid unless it is filled out completely.

Section 1. Member Information to Be Released. Include the following information about the member whose protected information is being disclosed:

1. First and last name.
2. Date of birth.
3. Health Plan ID number as it appears on the member's insurance card (if applicable).
4. Full street address, including city, state and zip code.
5. Telephone number, including area code.

Section 2. New Directions Will Release Member Information To. Include the following information about the organization or person to whom the PHI will be disclosed:

1. Name of organization or person.
2. Full street address, including city, state and zip code of person or organization listed.
3. Primary phone number of organization or person listed.
4. Email address (if applicable).
5. Fax number (if applicable).

Section 3. Preferred Delivery Method. All records will be emailed unless an email or fax number is provided AND the file size permits. Check the appropriate box to have information faxed or e-mailed. Files must meet size requirements and will be encrypted.

Section 4. Purpose of Release. Check any and all boxes that describe the purpose of the disclosure. If "other" is chosen, list the purpose in the space provided.

Section 5. Information to Be Released. Tell us what information you are authorizing New Directions to release by checking the appropriate box. If you want only specific information disclosed, fill in the blank provided.

Section 6. Release Information Pertaining to This Time Period. Check the box that covers the date range of information you would like to release.

Section 7. Expiration of Authorization. The authorization is valid for one year unless otherwise specified or revoked. If you wish to revoke your authorization, contact New Directions.

Section 8. Patient Authorization. Please read this section all the way through.

Section 9. Signature. Sign and date in the space provided to complete this authorization. If a personal representative (someone with legal authority to act on the member's behalf) or a minor is signing this authorization, sign and date in the designated space provided. If you are a personal representative, explain your relationship to the member and provide documentation of legal authority to act on the member's behalf.

