



## **Authorization for MedCost, LLC/MedCost Benefit Services Use or Disclosure of Protected Health Information**

I authorize the use/disclosure of health information about me as described below:

1. Person(s) or class of persons or organization authorized to use/disclose the information:

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2. Person(s) or class of persons or organization authorized to receive the information:

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3. Description of information that may be used/disclosed:

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4. The information will be used/disclosed for the following purposes:

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OR at the request of the individual.

5. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.
6. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.
7. I understand that I may revoke this authorization in writing at any time by \_\_\_\_\_ except to the extent that action has been taken in reliance on this authorization. EXPIRATION DATE: This authorization will expire on \_\_\_\_\_. (If no date is entered, the expiration date will be six years from the date of this authorization.)

Patient's Name:  _____  _____  _____	Patient's Date of Birth:  _____  _____  _____
MedCost Member ID#:  _____  _____  _____	Patient's Address:  _____  _____  _____
Signature of Patient or Representative:  _____  _____  _____	Date:  _____  _____  _____
Name of Personal Representative (if applicable):  _____  _____  _____	Relationship to Patient:  _____  _____  _____

### **Additional Federal Substance Abuse Confidentiality Requirements**

*Item # 4 Above* -- Under the Federal Substance Abuse Confidentiality Requirements, an authorization must include the purpose of the disclosure of substance abuse information even if the patient requests the disclosure. *Item #5 Above* – Under HIPAA, this item #5 that warns patients that information disclosed may be subject to re-disclosure, must be included in the authorization. However, under the Federal Substance Abuse Confidentiality Requirements, identifiable substance abuse information **may not be re-disclosed** unless permitted by (a) the Federal Substance Abuse Confidentiality regulations or (b) the patient's authorization. Therefore, if the authorization is for the disclosure of substance abuse information, MedCost may add the following statement after item #5: "However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements."