



INSTRUCTION SHEET FOR CALOPTIMA HEALTH, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

SECTION A: MEMBER INFORMATION

This section applies to the member who is asking for the disclosure of their information to another person or organization. Please complete all items of information in this section.

SECTION B: INFORMATION THAT CAN BE DISCLOSED

This section tells us what information you would like us to disclose. Be specific regarding the types of documents you are authorizing for disclosure. For example, if you are authorizing an individual to obtain PHI related to a recent medical event, specify the date of the medical event, the types of documents you are requesting (e.g., billing records, pre-authorization records, or pharmacy records) and state any types of records you would like to exclude. Note that some information requires that you select and provide your initials to approve the disclosure of information, CalOptima Health will not disclose that information unless you provide your initials approving the disclosure.

If you select to disclose other information in addition to psychotherapy notes, you must submit a separate authorization for disclosure of psychotherapy notes only. Psychotherapy notes are notes that document or analyze the contents of a therapy session.

SECTION C: PURPOSE OF THIS AUTHORIZATION

Select the reason(s) you have asked for the disclosure of your information. If you have a specific reason, please fill in under **"Other"** and indicate the reason. For example, if you only want the person(s) or organization(s) you are authorizing to receive your protected health information for a pending claims appeal, you would enter ***"To appeal a claim determination"*** or something similar in that block.

SECTION D: PERSON OR ORGANIZATION AUTHORIZED TO RECEIVE THIS INFORMATION

Please enter the name(s) of the person(s) or organization(s) that you are authorizing to access or receive your PHI. For example, if you are authorizing your spouse, adult child, or any other individual to obtain your PHI, enter his/her name in these spaces. If you are authorizing an organization (such as a broker, law firm, insurance agency, etc.) to obtain your PHI, enter the specific name of the organization in these spaces. **Examples include: "Dr. John Smith" or "Mary Doe (spouse)."** Indicate how the person(s) or organization(s) is related to you (for example, spouse, adult child, etc.) and provide their phone number.

SECTION F: EXPIRATION DATE OF AUTHORIZATION

You must enter in the date of expiration or if you wish for the authorization to expire on a certain event, you must enter the event, for example, ***“one year from my signature date.”***

SECTION G: SIGNATURE

If you are the member, sign your name and enter the date you signed the form. **Please be advised that in order to process your request, a copy of a valid government issued photo identification (ID) document with your signature must be included with your request form.**

If you are the member's personal representative, sign your name, enter the date you signed the form and indicate your representative relationship. **Please be advised that in order to process your request, a copy of a valid government issued photo identification (ID) document with your signature must be included with your request form.** You **must** also provide us with a copy of the legal documentation indicating you are the authorized personal representative of the member.

- Examples of legal documents:

- **Power of Attorney for Health Care** — this document gives someone you trust the legal power to act on your behalf and make health care decisions for you.
- **Legal Guardianship** — this is when the court appoints someone to care for another person.
- **Conservatorship of the Person** — this happens when the court appoints a responsible person to make decisions for someone who can't make responsible decisions for him/herself.
- **Executor of Estate** — this type of document would be used when the person who is being represented has died.

Please keep a copy of the form for your records.