

# My authorization for disclosure of Protected Health Information (PHI)



Information about you and your health, called Protected Health Information (or “PHI”), is sensitive. Health plans, such as Columbia Pacific CCO, may not use this PHI or disclose it to anyone unless you say it’s OK in writing. This form gives your consent to use and disclose your PHI. You *must* fill out everything marked with a star (\*) for this form to be valid.

\*My name (please print member’s name) \_\_\_\_\_

\*My Columbia Pacific CCO ID number \_\_\_\_\_

<p><b>*I give my consent to Columbia Pacific CCO to use my PHI and disclose it to:</b></p>	<p>*Individual or organization: _____</p> <p>Mailing address: _____</p> <p>City, State ZIP: _____</p> <p>Phone number: _____</p> <p>Relationship to member: _____</p>
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I am asking for my PHI to be used or disclosed because (please list reasons):

\_\_\_\_\_

\_\_\_\_\_

**\*My PHI to be disclosed includes:** \_\_\_\_ all of it, or \_\_\_\_ only the items I’ve checked here:

- |   |  |
|---|--|
| <input type="checkbox"/> Prior authorizations | <input type="checkbox"/> Health plan records |
| <input type="checkbox"/> Claims               | <input type="checkbox"/> Billing records     |
| <input type="checkbox"/> Benefits             | <input type="checkbox"/> Medications         |

**I want Columbia Pacific CCO to limit PHI disclosure to dates or events that I specify below:**

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Event: \_\_\_\_\_

(for example, if you went to the hospital in June 2011)

**Other information that I authorize to be disclosed:** The three kinds of PHI listed below are protected by other laws. It is OK for **Columbia Pacific CCO** to disclose this PHI only if I’ve initialed the space beside it on this form. **If I haven’t initialed it here, Columbia Pacific CCO may not disclose it.**

	Anything about an HIV/AIDS test, including whether I’ve taken one, the results of a test and other records about it
	Any of my mental health information (excluding psychotherapy notes)
	Any information about drug or alcohol diagnoses, treatment or referrals. (I also understand that Federal law says no one who gets drug or alcohol information from Columbia Pacific CCO can disclose it to anyone else unless I also give my written authorization to them.)

