

HIPAA / PHI Release Form Instructions

The instructions below will assist you in completing the HIPAA / PHI Release Form.

Note: This form must be filled out and signed by the **patient** unless the patient is under 18 years of age.

1) Patient Details

- a) In this section, please provide the requested details.
- b) Full legal name, date of birth, address, social security number, and phone number **must be included**.

2) Guardian or Legal Representative

- a) If the patient is under 18 years of age, please list the Guardian or Legal Representative information in this section, otherwise, **leave blank**.

3) Release of PHI Instructions

- a) This section of the form outlines who is releasing the PHI and who is receiving the PHI. **This section must be filled out and cannot be left blank.**
 - i) Checkboxes
 - (1) **Common:** Please check the **first box** if you want The Kempton Company (Administrator of Advantage Health Plans) to be able to talk to someone else (for *example, your spouse, parent, medical advocate*).
 - (2) **Rare:** Please check the **second box** you are using this form to give someone else permission to talk to us.
 - ii) Question 1 - please write the name of the person/company who is supposed to *receive* your information.
 - (1) **Common:** If you want us to be able to talk **to** someone, please list their name here (*example: your spouse, parent, medical advocate*).
 - (2) **Rare:** If you want someone else to talk to us, please list The Kempton Company.
 - iii) Question 2 - you are **required by law** to list exactly what type of protected health information (PHI) you want to be shared.
 - (a) For example, a patient may choose to write something similar to *all medical information, only information regarding my knee surgery, etc.*
 - iv) Question 3 -you are **required by law** to indicate whether Mental Health Information should be released. You must choose Y or N *even if this question does not apply*, an answer is required.
 - v) Question 4 - you are **required by law** to indicate whether covered psychotherapy should be released. You must choose Y or N *even if this question does not apply*, an answer is required.
 - vi) Question 5 - you are **required by law** to indicate whether Alcohol or Substance Abuse information and/or psychotherapy notes should be released. You must choose Y or N *even if this question does not apply*, an answer is required.

4) Person/Organization to Release Information

- a) Please fill out the details of whom you want to be able to release your information.
 - i) This information is pre-filled for your convenience.

5) Expiration and/or Revocation

- a) You **MUST** include either an expiration date or event listed per federal law.
 - i) You may list any date in the future when you wish the authorization to expire.
 - ii) You may list an event
 - (1) For example, a patient may choose to write something similar to: *“when I am no longer enrolled in the health plan.”*
- b) If you wish to revoke the authorization on a specific date or during a certain time frame, please write that here.

6) Signature

- a) Sign and date the form unless younger than 18 years of age.
- b) If the patient is younger than 18 years of age, the guardian or legal representative must fill out Personal Representative Name and Relationship to Patient.

Questions?

If you have any questions or concerns, please call the Kempton Care Advocate team at (800) 324-9396. They would love to assist you with any additional information you need.