

HIPAA - Appoint a Representative



I understand that by voluntarily signing this form I am authorizing and granting SlateRx, and any of its subsidiaries or affiliates permission to provide the person named below authority to access my Protected Health Information (PHI) to assist in my treatment and/or payment for that treatment. I understand that the information I authorize to disclose could be shared with other people or entities and no longer protected by federal privacy regulations. I understand that my treatment or payment for treatment cannot be conditioned on whether or not I sign this form.

Member Information

Member Name	Member ID
Address	
City, State, Zip	
Phone	Email

Authorized Individual (*Information will be disclosed to this person*)

Name	Relationship to Member
Address	
City, State, Zip	
Phone	Email

I grant to the individual named above access to (MUST CHECK ONE)

☐ All of my PHI – I understand that this health information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse

☐ Other: please specify limits or specific health care incident

I understand that this designation will (MUST CHECK ONE)

☐ Be effective for the lifetime of the member unless revoked

☐ Expire one (1) year from the date executed

I understand that I have the right to revoke this authorization, except to the extent SlateRx has acted in reliance upon it, by sending written notice to: SlateRx, P.O. Box 608, Hudson, OH 44236.

Member Signature	Date
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For questions, please contact SlateRx Clinical Services Department at 1-833-320-1824.

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-320-1824, (TTY: 711) or speak to your provider.

PLEASE SEND COMPLETED FORM TO ONE OF THE FOLLOWING:
Mail to: SlateRx, P.O. Box 608, Hudson, OH 44236 **Fax:** 866-351-1617