



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION AND TO HANDLE CARECENTRIX ACCOUNTS

I authorize CareCentrix, Inc. (CareCentrix) and its affiliates to release my protected health information (PHI) contained in the records maintained by CareCentrix or a CareCentrix affiliate as specified below to the individual or entity identified below.

Name and address of individual whose PHI is being disclosed:

****IMPORTANT**** All fields with an asterisk must be completed.

*Name: _____

*Address: _____

*City: _____ * State: _____ * Zip Code: _____

*Date of Birth: ___/___/___ *Phone Number: (____)____-_____

*Insurer: _____ *Insurer ID Number: _____

CareCentrix Account Number (####-#####): _____

Name and address of individual/entity to whom the PHI is to be disclosed (Authorized Person):

*Name: _____

*Address: _____

*City: _____ * State: _____ * Zip Code: _____

*Date of Birth: ___/___/___ *Phone Number: (____)____-_____

*Relationship to Patient: _____

I agree that my PHI may be disclosed to the Authorized Person through various means of communication, including but not limited to, by phone, email, fax and US mail. The purpose for the disclosure of PHI is to discuss my health care services and treatment plan and/or handle my accounts with CareCentrix, including but not limited to, my patient billing account. I further agree that the Authorized Person has full authority to handle my patient billing and other accounts with CareCentrix, including but not limited to, receiving copies of invoices and billing ledgers, making payments, receiving refunds of any overpayments, and making changes to my account information.

I understand that the above information to be disclosed under this authorization may contain information about HIV, AIDS diagnosis/treatment, mental health diagnosis/treatment, alcohol/drug diagnosis/treatment, developmental disability, and/or abuse, and I expressly authorize the disclosure of such information unless otherwise specifically indicated below:



Do not disclose any information about:

- HIV/AIDS diagnosis/treatment Alcohol/drug diagnosis/treatment
 Mental health diagnosis/treatment Developmental disability Abuse

I understand that I have a right to revoke this authorization at any time by contacting CareCentrix in writing, except to the extent information has been released in reliance upon this authorization. I also understand that the information released in response to this authorization may be re-disclosed to other parties and no longer protected by the federal Privacy Rule. I understand that my treatment, payment for treatment, or enrollment or eligibility for benefits with my insurer cannot be conditioned on the signing of this authorization. I understand that the information requested is the property of CareCentrix and that a reasonable fee may be charged for the copying of any such records. Any facsimile or photocopy of this authorization shall authorize CareCentrix and its affiliates to disclose the information requested herein. This authorization shall be effective as of the date of execution set forth below and remain in effect for a period of five years at which time this authorization expires.

*Signature: _____

*Date: _____

*Printed Name: _____

If signed by anyone other than the patient, relationship of authorized representative to individual:

If authorized representative of the individual please attach corresponding authorization documentation (power of attorney, etc.).

Please mail completed form to (both pages must be included)

**CareCentrix, Inc.
Attention: Fax Screening Team
7740 N. 16th Street, Suite 100
Phoenix, Arizona 85020**

**Or Fax to:
Fax Number: (866) 536-8046**

**Or Email to:
authorizationtodisclosephirequest@carecentrix.com**



Nondiscrimination Notice

CareCentrix complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareCentrix does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareCentrix:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 844-359-5381.

If you have hearing or speech loss and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

If you believe that CareCentrix has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Chief Compliance Officer who serves as our Civil Rights Coordinator. You may reach our Chief Compliance Officer by mail at 9119 Corporate Lake Drive, Suite 300, Tampa, FL 33634, by phone at 877-848-8229, by fax at 919-792-6806, or by email at compliance@carecentrix.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Chief Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: If you speak a language other than English, language assistance services are available to you free of charge. Call 1-844-359-5381. *If you have hearing or speech loss and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.*

Spanish: Si usted habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-844-359-5381. *Si tiene algún impedimento auditivo o del habla y usa el servicio de retransmisión de telecomunicaciones (TRS, por sus siglas en inglés) o un teléfono de texto (TTY, por sus siglas en inglés), marque 711 para comunicarse con un operador del TRS.*

Mandarin:

Traditional Chinese_Taiwan

如果您說普通話，我們免費為您提供語言協助服務。請撥 1-844-359-5381。如果您有聽力或言語障礙并使用電信轉接服務 (TRS) 或文字電話 (TTY)，請撥 711 接通 TRS 總機。

Simplified Chinese

如果您说普通话，我们免费为您提供语言协助服务。请拨 1-844-359-5381。如果您有听力或言语障碍并使用电信转接服务 (TRS) 或文字电话 (TTY)，请拨 711 接通 TRS 总机。

Cantonese:

Traditional Chinese_Hong Kong

如果您說廣東話，我們免費為您提供語言協助服務。請撥 1-844-359-5381。如果您有聽力或言語障礙并使用電信轉接服務 (TRS) 或文字電話 (TTY)，請撥 711 接通 TRS 總機。

Vietnamese: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số 1-844-359-5381. *Nếu quý vị bị khiếm thính hoặc khiếm thanh và sử dụng Dịch vụ tiếp âm viễn thông (TRS) hoặc dùng Điện thoại nhắn tin (TTY), vui lòng gọi số 711 để tiếp xúc với nhân viên tổng đài TRS.*

Haitian Creole: Si w pale Kreyòl ayisyen, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Rele nan 1-844-359-5381. *Si w pa tande byen oswa si w pa ka pale, lèfini ou itilize Sèvis relè telekominikasyon (Telecommunications Relay Services, TRS) oswa yon aparèy telefòn ak tèks (Text Telephone, TTY), rele 711 pou jwenn yon operatè TRS.*

Korean: 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-844-359-5381 번으로 전화하십시오. *청각 또는 언어 장애가 있으신 분들을 위한 통신중계서비스 (TRS) 또는 문자전화 (TTY) 를 이용하시는 경우, 711 번으로 전화하시면 TRS 담당자와 연결하실 수 있습니다.*

Arabic:

إذا كنت تتحدث لغة عربية، فنحن نقدم لك المساعدة اللغوية مجاناً. *إذا كنت تعاني من ضعف السمع أو فقدان السمع أو فقدان الكلام، فقم بطلب المساعدة اللغوية مجاناً. اتصل بنا على الرقم 1-844-359-5381. إذا كنت تستخدم خدمات خدمات الاتصالات (TRS) أو الهاتف النصي (TTY)، فقم بطلب الرقم 711 للاتصال بمشغل خدمات الاتصالات.*

انصرل ا بول بق 1-844-359-5381.
TTY (Text Telephone) (TRS Telecommunications Relay Services) 711
.TRS

Polish: Jeżeli mówisz po polsku, udostępniłiśmy darmowe usługi tłumacza. Zadzwoń pod numer 1-844-359-5381. *Jeśli korzystasz z usług telekomunikacyjnych dla osób z zaburzeniami mowy lub słuchu (TRS), czy używasz telefonu tekstowego (TTY), wykręcenie numeru 711 połączy Cię z operatorem TRS*

Tagalog: Kung nagsasalita kayo ng Tagalog, may makukuha kayong mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-844-359-5381. *Kung mayroon kayong kapansanan sa pandinig o pagsasalita at gumagamit kayo ng Telecommunications Relay Services (TRS) o ng Text Telephone (TTY), i-dial ang 711 upang makausap ang isang operator ng TRS*

French: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le +1-844-359-5381. *Si vous avez une déficience auditive ou un trouble de la parole et recourez à des services de relais téléphonique (SRT) ou à un téléimprimeur (ATS), composez le 711 pour communiquer avec un opérateur SRT.*

Russian: Если вы говорите на русском языке, вы можете воспользоваться бесплатными переводческими услугами. Позвоните по телефону 1-844-359-5381. *Если у вас нарушения слуха или речи, и вы пользуетесь телефонной службой радиорелейной связи (TRS) или телетайпом (TTY), наберите номер 711 для связи с оператором TRS*

German: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-844-359-5381. Sollten sie Gehör- oder Sprachverlust haben und die Telecommunications Relay Services (TRS) oder ein Texttelefon benutzen, wählen Sie 711 um mit einem TRS Telefonisten verbunden zu werden.

Urdu:

انگریزی: اگر پ آ و در ا بزن میں بت رکھے ہیں، پ آے ک لئے مڈف میں ا بزن معوان کی دخدمت ا سدواب ے۔ ا کل
ر کیں 1-844-359-5381 .
711

Gujarati: જો તમે ગજરાતી ભાષા બોલતા હો તો , ભાષાની મદદરૂપ સેવા આપને વવના મદૂચે મળશે .કોલ કરો
- 1844-359-5381. જો તમે સમ ળી કે બોલી ના શકતા હો તો અને ટોલ કોમ્યુનકેશન ારલે
સવિસ(TRS)

કે ટેક્સ્ટ ટોલફોન (TTY) નો ઉપયોગ કરતા હો તો, TRS કક કરવા ડાયલ કરો 711
ઓપરેટરનો સપ

Portuguese: Se você fala português, contate o serviço de assistência de idiomas gratuito. Ligue para 1-844-359-5381. *Se tiver problema de audição ou de fala e precisa usar o Telecommunications Relay Services (TRS – Serviços de Transmissão de Telecomunicações) ou um Text Telephone (TTY – Telefone por Texto), ligue para 711 para ser conectado com uma operadora TRS.*

Hindi:

अगर आप हिन्दी बोलने में सक्षम तो भाषा सहायता सेवाएं आपको रूप में उपलब्ध 1-844-
ि, ष्ट्र ि
359-5381 पर कॉल करें। अगर आप सुनने या बोलने में सक्षम नहीं हैं और ार के ररले सेवाओ
दरू सच
(ट.आर.एस.) या टैक्स्ट टेल फोन(ट.ट.वाई.) का उपयोग करते हैं, तो ट आरएस ऑपरैटर
से बात करने के लए 11 डायल करें।

Farsi:

اگر اېزن شم ناسراى است، ت امدخ امددا زبناى به روط ارېگان رد خاوا ي شم ا مى بشد. ن ا ب شم ا هو 1-844-359-5381
نم سا بگيرد ي. (TTY) (TRS) TRS 711

Italian: Se parli italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Chiama il numero 1-844-359-5381. Se hai una compromissione dell'udito o della parola e usi i Servizi di inoltro delle comunicazioni (TRS) o un telefono per la trasmissione di testo o telescrivente (TTY), componi il numero 711 per essere collegato ad un operatore TRS.

Amharic: የሚናገሩት ቋንቋ አማርኛ ከሆነ የቋንቋ ትርጉም እርዳታ አገልግሎቶች በነጻ አለሎት። ወደ 1-844-359-5381 ይደውሉ። ከሰማህ በኋላ ወይም፤ ንግግር በመሃል ከጠፋና ቴሌኮሚኒኬሽንን መስረት ያደረገ አገልግሎቶችን (TRS) ወይም የስልክ መልዕክትን (TTY) የምትጠቀም ከሆነ፤ ወደ 711 በመደወል የTRS የስልክ መደወያ ማዕከሉን ሰራተኛ ያግኙ።

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。1-844-359-5381 にお電話ください。耳や言葉の不自由な方で電話リレーサービス (TRS) やテキスト電話 (TTY) をご利用になる方は、711 にお電話になり、TRS のオペレーターとお話ください。

Kuru-Bassa: I balè u mpòt Bassa, bot ba hola yanga ni kòbòl mahòp bayé ha i nyuu yòh. Sébé! nsinga ini: 1 844-359-5381. I balè u yé ndòk tòlè u yé mbuk di u bóñlak ki nsinga i hola ndòk bot (TRS) tò nsinga i tila bibuk (TTY), sébé! 711 i nyuu pòt lón ni i mut a sal i nsinga TRS.

Igbo: O buru na ina asụ asụsụ Igbo, ènyemaka na-ahazi asụsụ bu n'efu dịrị gị mgbe niile. Kpọọ nọmbà ndị a 1-844-359-5381. O buru na inwere nsogbu na inụ ihe ma ọbụ ikwụ okwù mana iwere nnyemaka nke na-ahụ maka enweta na ikwụ nyè izi ozi (TRS) ma ọbụ ekwentị edemedede (TTY),kpọọ 711 ka ikwuru onye ọrụ TRS.

Yoruba: Ti o ba nsọ èdè Yorùbá, irànlọwọ lóri èdè wà fun ọ l'ọfẹ. Pe 1-844-359-5381. Ti o bá kùnà ni gbigbọran tàbí sisọrọ ti o nlo Isẹ Ifohùnránse (TRS) tabi Ẹrọ Ibánisọrọ Alákọsilẹ (TTY), tẹ 711 lati so pọ mọ ọsise TRS kan.

TRIS
1000

1000

711

TTY
1000

TRIS
1000

Nepali: यद्द तपाईं नेपाल भाषा बोलनुहुन्छ भने, तपाईंको ननम्तत भाषा सहयोग सेवा ननशुल्क

उपलब्ध भ। 1-844-359-5381 मा कल गर्नुहोस् । यद्द तपाईं सुन्नु सक्नुहुन्न वा बोल्नु सक्नुहुन्न

र दरसीचार ररले सेवा (TRS) वा टेक्स्ट टेलिफोन (TTY) को प्रयोग गर्नुहुन्छ भने, TRS

अपरेटरसँग सतपकृत गर्नको लागि ननम्तत 711 डायल गर्नुहोस् ।
गनक

Laotian: ຖ້າ ທ່ານ ການວັ າພາສາລາວ, ການບິວການຊ່ ອັ າພາສາແມ່ ນີ ທີ່ ທ່ານໃດຍໍບເສຍ ວຍື້

ຄໍາ. ໂທຫາ 1-844-359-5381. ຖ້າ ທ່ານ ນີ ຫຼ າ ທີ່ ກ ແລະ ໃຊ້ ການບິວການຖ່ າຍທອດ ຫຼ າ

ການສື່ສານ (TRS) ໂທລະສັ ບແບບຂໍ ຄວາມ (TTY), ທີ່ ໂທຫາ 711 ຜູ້ ອຳ ຫວນຕໍ່ ກັ ບູ້ ຮ ຫຼ າ

TRS.

Navajo: Diné bizaad bee yáníłti'go, saad bee 'áka'e'elyeedgo bee 'áka'anída'awo'ígíí t'áá jik'eh łá' bee ná'ahoot'i'. Kojj' 1-844-359-5381 biniiyé hodíłnih. T'áá hait'éego dah doo hazhó'ó 'adinits'a'góógo doodago saad bee yáníłti'ígíí t'áá bee nich'j' 'anáhoot'i'go díí Telecommunications Relay Services (TRS) doodago Text Telephone (TTY) yiłnínígíí choidíłjįtgo, 711 bił 'adadidíłchitgo TRS béésh bee hane'í yádah sidáhígíí bich'j' hadíłdzih.

Albani: Nëse flisni një gjuhë tjetër përveç anglishtes, për ju disponohen falas shërbime asistence të gjuhës. Telefononi 1-844-359-5381. Nëse keni humbje të dëgjimit ose të të folurit dhe përdorni Shërbimet Rele të Komunikimit (Telecommunications Relay Services, TRS) ose Telefonin Tekst (Text Telephone, TTY), formoni numrin 711 për t'u lidhur me një operator të TRS