

## AUTHORIZATION FOR A ONE-TIME WRITTEN RELEASE OF PERSONAL HEALTH INFORMATION

**Complete the PERSONAL HEALTH INFORMATION AUTHORIZATION FORM for the one time release of personal health information for the following Beneficiary:**

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)	DOB (MM/DD/YYYY)
STREET ADDRESS	PHONE NUMBER (AREA CODE)
CITY	STATE
PRIMARY CARDHOLDER ID #	ZIP CODE
EMAIL ADDRESS	

**Requestor of Information (if different from above):**

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)
RELATIONSHIP TO BENEFICIARY (ATTACH LEGAL DOCUMENTATION IF NECESSARY):

**The purpose of this request is:**

- At the request of the Beneficiary  
 Other: \_\_\_\_\_

**I hereby authorize SilverScript Inc. to release the following information for the aforementioned Beneficiary:**

- Statement of Costs from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)  
 Prescription History from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)  
 Other health information, please specify: \_\_\_\_\_  
 From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

**I understand that I have the right to revoke this authorization at any time. This revocation will not affect any uses and/or disclosures already made based on this authorization before the revocation is received by SilverScript Inc. The revocation must be submitted in writing and mailed to the address below. I understand that Silver Script Inc. may not condition any treatment, payment, enrollment or my eligibility for benefits on my signing this authorization. I understand that the information used and/or disclosed pursuant to this signing this authorization may no longer be protected by federal privacy law.**

**I certify that the foregoing information is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: If signed by someone other than the above-named beneficiary, please describe your legal authority to act on behalf of the beneficiary and, if applicable, attach supporting legal documentation.*

**Please return this form to:**  
 SilverScript Inc.  
 6950 Alamo Downs Pkwy, Ste 110  
 San Antonio, TX 78238  
 Fax (210) 706-2401