



Authorization to Release Protected Health Information (PHI)

Note: All applicable fields must be completed for this form to be considered valid.

★ **Name of Patient/Member:** _____ ★ **Date of Birth:** _____

☐ Patient ☐ Generations Advantage Member ☐ US Family Health Plan Member

RELEASE INFORMATION FROM	RELEASE INFORMATION TO
Name/Facility: Martin's Point Health Care	Name/Facility: _____
Address: 331 Veranda Street PO Box 9746 Portland, ME 04104 ATTN: Member Services or HIM	Address: _____
Phone/Fax: Phone: 207-791-3728 / Fax: 207-828-2433	Phone/Fax: _____

PURPOSE OF RELEASE (please select at least one)

- ☐ Patient is Moving
New Home Address: _____ New Phone: _____
- ☐ Transfer of Care to New Provider/Practice (Records from last five (5) years unless otherwise specified)
- ☐ Personal ☐ Receiving Secondary Care ☐ Insurance Purposes ☐ Other (specify): _____
- ☐ Legal Purposes ☐ Disability Determination ☐ Workers' Comp Claim _____

TIME FRAME AND FORMAT

- ☐ Last 1 Year of Records ☐ Last 3 Years of Records ☐ Last 5 Years of Records ☐ Other (specify): _____
- ☐ Flash Drive Format ☐ Fax Format ☐ Paper Format ☐ Other Format (specify): _____

INFORMATION TO BE RELEASED (please select all that apply)

- ☐ Immunization Records ☐ Lab/Pathology Reports ☐ Consultation Reports ☐ Other Specific Records: _____
- ☐ Office Visit Notes ☐ Radiology Reports ☐ Hospital Reports _____
- ☐ History and Physical ☐ Diagnostic Reports ☐ Payment/Claim Records _____

SENSITIVE INFORMATION TO BE RELEASED (IMPORTANT: Please see page 2 BEFORE completing this section.)

These record types have additional legal protection as the records may include sensitive health information. Please check the applicable boxes below:

- ☐ I DO ☐ I DO NOT I authorize the release of HIV infection status (testing, treatment, diagnosis).
- ☐ I DO ☐ I DO NOT I authorize the release of information derived from a substance use disorder treatment facility/program protected under 42 CFR Part 2.
- ☐ I DO ☐ I DO NOT I authorize the release of mental health records (treatment services provided by a mental health professional).
- ☐ I want to review my mental health records before release. I understand this means I will have to review these records with a Martin's Point supervisor.

You can revoke this authorization at any time by sending written notice to the facility. Revocation only stops future releases—anything already shared will not be taken back. Once information is released, it may be shared further and lose legal protection. You can request a copy of this authorization at any time.

Martin's Point will not condition your treatment on the signing of this authorization form. You may refuse to sign it, but refusing to sign it may lead to an incomplete diagnosis or treatment plan, denial of coverage, denial of a benefits claim, denial of other benefits claim, denial of other insurance, or other adverse consequences. Martin's Point may, however, require this authorization before you enroll in a health plan, to determine your eligibility or process enrollment.

This authorization expires automatically 12 months from the date of the signature below. During that 12-month window, Martin's Point may make the disclosures described above to the recipient named on this form.

Signature: _____ Date: _____

Printed Name of Person Signing (if not patient): _____

Relationship to Patient (if not patient): ☐ Parent ☐ Legal Guardian/Conservator ☐ Health Care Power of Attorney*
*Copy of court order or Power of Attorney REQUIRED

Martin's Point Health Care, 331 Veranda Street, PO Box 9746, Portland, ME 04104

Office Use: ☐ Faxed to Athena ☐ Faxed to Provider for Records Date: _____ Staff: _____ Site: _____
☐ HIM ☐ Member Services

Information Page: Understanding Your Sensitive Information

Why This Page Exists

Some of your health records may have additional legal protection. Before you check “I DO” or “I DO NOT” for the categories on page 1, please review the information below:

What “I Do” and “I Do Not” Authorize Means for You as the Patient/Member

- » If you leave a category unchecked or select “I DO”, records from that category will be released if they exist within your chosen time frame.
- » If you select “I DO NOT,” records from that category will not be released.

HIV Infection Status

- » This includes any records showing testing for HIV, your test results, an HIV diagnosis, and/or treatment information.

Substance Use Disorder Treatment

- » This includes records from a federally assisted drug or alcohol use disorder program protected under 42 CFR Part 2.
- » Federal rules prohibit any further disclosure of alcohol and/or substance use disorder treatment records unless further disclosure is expressly permitted by written consent of the person whose information is being disclosed or as otherwise permitted by 42 CFR Part 2.

Mental Health Services

- » This includes records from a licensed mental health professional, therapist, counselor, and/or psychiatrist.
- » These records may include visit notes, diagnoses, and treatments.
 - Please note, these records do NOT include psychotherapy notes as psychotherapy notes are never released.
- » You can review your mental health records before the records are sent to the recipient.
 - If you choose to review the records, this review will be overseen by a Martin’s Point supervisor