

HIPAA - Appoint a Representative



I understand that by voluntarily signing this form, I am authorizing and granting Elixir Rx Solutions, LLC, d/b/a Elixir, and any of its subsidiaries or affiliates (e.g., Elixir Pharmacy, Elixir Specialty, etc.), permission to provide the person named below the 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 will no longer be 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.

This form is intended for Non-Medicare members. If you are enrolled in Medicare and would like to designate a representative to communicate on your behalf about a claim, prior authorization, grievance, appeal or any other decision affecting your care or the services you receive, complete the form located at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf> and mail to Elixir (Attn: Customer Care), 7835 Freedom Avenue NW, North Canton, OH 44720.

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 healthcare 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 Elixir has acted in reliance upon it, by sending written notice to: Elixir Privacy Officer, 7835 Freedom Avenue NW, North Canton, OH 44720.

Member Signature _____ Date _____

PLEASE SEND COMPLETED FORM TO ONE OF THE FOLLOWING:

Mail to: Elixir, Attn: Customer Care, 7835 Freedom Avenue NW, North Canton, OH 44720 **Fax:** 866-250-5178
corp_web_all_form_hipaa representative form_23-7495