Consent for release of protected health information (PHI)

Member information (person whose information will be released):		
Name (First/Middle/Last)	Date of birth (MM/DD/YYYY)	
Address		
City	State	ZIP
Member ID	Group number (if applicable)	
Phone number ☐ Home ☐ Cell*		

Complete the following only if the person making the request is not the member	
Name of requestor	Relationship to member
Address	
Legal authority	Phone number ☐ Home ☐ Cell*

I understand that this authorization will allow Humana and its affiliates to use or disclose the protected health† information (PHI) described below: (Please check only **one** box)

☐ **Full Disclosure:** Any PHI Humana and its affiliates maintain, including sensitive health information as listed below. This also includes sharing information on prescription drug/medication data, wellness products, and health programs with the person being authorized.

☐ **Excluded Sensitive Health Disclosures:** All protected information identified above except for the categories selected below. If no items are checked, all information will be selected. Please check all that apply:

☐ Behavioral or mental health
☐ Sexually transmitted disease/HIV/AIDS
☐ Infectious diseases
☐ Genetic data
☐ Reproductive health
☐ Substance use disorder, subject to 42 CFR Part 2

☐ **Limited Disclosure:** You specify what PHI to share, e.g., condition or treatment information, a specific date range, or product type. Unless you limit by product type, information will apply to all products and services.

Describe limitation: _____

If Limited Disclosure was selected, please indicate which product(s) apply:

☐ **Medical**
☐ **Dental**
☐ **Go365 for Humana Healthy Horizons®**
☐ **Vision**
☐ **Prescription drug/medication data**

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For Humana use only.

Consent for release of PHI—continued

This information may be disclosed to, and used by, the following person or organization to assist me with the Humana-owned products or services for which I am providing consent to disclose information:

Name (First/Middle/Last)		Date of birth (required) (MM/DD/YYYY)	
Or organization name (such as nursing home, care provider or care manager)			
Address	City	State	ZIP
Email		Phone number ☐ Home ☐ Cell*	
Relationship ☐ Spouse ☐ Sibling ☐ Parent ☐ Child ☐ Agent/Broker ☐ Friend ☐ Organization			

I understand:

- I am not required to fill out this consent and Humana cannot base decisions regarding treatment, payment, enrollment or eligibility for benefits on whether I submit it.
- Disclosures may include information from past, present, and/or future treating providers.
- This consent is valid until I cancel my Humana membership. For customers in certain states, consents will expire in compliance with applicable state laws.‡ I can cancel my consent at any time through my MyHumana account, by calling customer service, or by submitting a written notice to Humana.
- If I cancel consent, it will not apply to any information previously released with this authorization. Once information is shared, Humana cannot prevent the person or organization who has access to it from sharing that information with others, and this information may not be protected by federal privacy regulations.

Member or Legal representative signature	
☐ Member ☐ Legal representative	Date (MM/DD/YYYY)

Please note: Legal representatives must attach copies of authorization as required by law. Examples include healthcare power of attorney, healthcare surrogate, living will or guardianship papers.

After you complete and sign the form, please fax it to 800-633-8188. Or, if you prefer, mail your completed form to: Humana Insurance Company, P.O. Box 1088, Louisville, KY 40201-1088.

* By giving your cell phone number, you give Humana permission to make calls related to this authorization to your cell.

† Health includes Medical, Dental, Pharmacy, Behavioral Health, Vision, Long-Term Care.

‡ Expires in 12 months: CA, CT, GA, IL, MA, MD, NC, NJ, NV, OH, OR. Expires in 24 months: FL, KY, MT, VA & Puerto Rico.

Humana will follow the more stringent of all federal and state laws and regulations.

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Auxiliary aids and services, free of charge, are available to you. 1-800-787-3311 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Central time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

繁體中文 (Traditional Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

العربية(Arabic) اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ગુજરાતી (Guj ar at i) મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

اردو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Ελληνικά (Greek] Καλέστε τον παραπάνω αριθμό για να λάβετε δωρεάν υπηρεσίες γλωσσικής υποστήριξης.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

This notice is available at Humana.com/IllinoisAccessibility
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