Cardinal Health™ MMS Solutions™ Specialty Pharmacy

HIPAA privacy authorization

Authorization for use or disclosure of protected health information (required by law of portability and liability insurance of health, 45 C.F.R. parts 160 and 164)

MMS Solutions
239 Mason Road
La Vergne, TN 37086

866.716.5486
866.750.0823 (fax)

www.mmspharmacy.com

1. Authorization

   I authorize MMS Solutions to use and disclose the protected health information described below to _____

2. Effective Period

   This authorization for release of information covers the period of healthcare from:

   ☐ a. _____ a _____

   Or

   ☐ b. All past, present and future periods.

3. Extent of the Authorization

   ☐ a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

   Or

   ☐ b. I authorize the release of my complete health record with the exception of the following information:

   - ☐ Mental health records
   - ☐ Communicable diseases (including HIV/AIDS)
   - ☐ Alcohol/drug abuse treatment
   - ☐ Other (Please specify): _____

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event) at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time.

7. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

_____ _____

Signature of patient or personal representative* Date

_____

Printed name of patient or personal representative and relationship to patient*

*If patient is unable to sign this document, please provide a reason here

CardinalHealth™