

Patient Authorization to Release Protected Health Information (PHI)

Today's Date: _____

The request allows you to authorize Rite Care Pharmacy located at 7560 Greenville Ave. Dallas, TX 75231 to release/disclose the following PHI for patients personal record or allow others (eg: family, friends) to access the prescription information:

Patient Information:

Patient Name: _____ Phone Number: _____

Address: _____

Date of Birth: _____

Records to be released to:

Individual or Entity: _____ Phone Number: _____

Address: _____

I hereby authorize Rite Care Pharmacy located at 7560 Greenville Ave. Dallas, TX 75231 to release/disclosure the following PHI

- Medical Expenses Summary (list of all prescription(s) and out of pocket expenses)
- Designated Record Set (entire medical record maintained by the pharmacy)
- Specific Prescription(s): _____
- Other (please specify): _____

For the following dates of service:

- All available dates
- From: _____ to _____

Please release my records/information via: [Check as appropriate]

Mail (Mailing Address): _____

Fax (Fax No): _____

in person pick-up by patient

PURPOSE OF AUTHORIZATION

The authorization is for the following purpose: [Check one and complete as needed]

Personal Use Patient Care Legal
 Parent/Guardian Communication Insurance Other

EXPIRATION OF AUTHORIZATION

This Authorization will expire on: _____ (One year from the date pharmacy receives the request)

I understand by signing below I authorize Rite Care Pharmacy for release of my prescription records in the manner mentioned above.

Printed Name of Patient or Personal Representative: _____

Signature of Patient or Personal Representative : _____

 **Please Fax the completed form with a valid copy of your Driver's License or State Issued Picture ID: at (972)432-6336 or email at patientcare@ritecarerx.org**

FOR PHARMACY USE ONLY

Disclosures made in response to Authorization (PHI), are to be documented in the patient's profile record.

Date Request Received: _____

Statement and/or information mailed/faxed to parent/student/other: By _____ On: _____