Appendix E-2

Authorization to Release Records and Other Information

Authorization to Release Records and Other Information

Patient Name	First	Middle Initial	Last

Date of Birth:	____/____/____ (Month/Day/Year)	**Social Security No.**	___ - __ - ____

Provider's Name (or Class of Providers):			**Recipient:**		
Provider Address:			**Recipient Address:**		
City:	**State:**	**Zip:**	**City:**	**State:**	**Zip:**

This Authorization Will Expire Upon: When my claim in the NuvaRing Resolution Program has been processed to completion.

Purpose of Disclosure: In support of my claim in the NuvaRing Resolution Program.

INFORMATION TO BE DISCLOSED

All medical and/or pharmacy records pertaining to the claimed injury of:

____

[to be completed by the Claims Administrator]

For the period from: ________________________ through the present
[date of first use of NuvaRing]

ACKNOWLEDGMENTS

I understand that:

1. I may refuse to sign this Authorization and that my treatment, payment, enrollment or eligibility for health insurance benefits may not be conditioned upon my signing this Authorization.
2. I may revoke this Authorization at any time by notifying the health care provider identified above in writing. The written statement of my revocation must be signed and dated. However, I understand that my revocation will not affect disclosures previously made by any health care provider in reliance on this Authorization.
3. Information disclosed under this Authorization may be subject to re-disclosure by the recipient without my further authorization and no longer be protected by the HIPAA Privacy Regulations.
4. This Authorization does not authorize release of counseling or psychiatry records.

SIGNATURE

I have read the above and authorize the disclosure of the protected health information as stated.

Signature by the Patient or the Patient's Personal Representative:

	Date	____/____/____ (Month/Day/Year)

Name: (Printed or Typed)	First	Middle Initial	Last

If Not the Patient, Your Relationship to the Patient:

- ☐ Spouse
- ☐ Parent
- ☐ Child
- ☐ Sibling
- ☐ Administrator
- ☐ Executor
- ☐ Other ________________________ (specify)