



**AUTHORIZATION FOR A ONE-TIME WRITTEN RELEASE
OF PERSONAL HEALTH INFORMATION**

Complete the PERSONAL HEALTH INFORMATION AUTHORIZATION FORM for the one time release of personal health information for the following Beneficiary:

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)	DOB (MM/DD/YYYY)
STREET ADDRESS	PHONE NUMBER (AREA CODE)
CITY	STATE
PRIMARY CARDHOLDER ID #	ZIP CODE
EMAIL ADDRESS	

Requestor of Information (if different from above):

LAST NAME, FIRST NAME, MIDDLE INITIAL (PLEASE PRINT)
RELATIONSHIP TO BENEFICIARY (ATTACH LEGAL DOCUMENTATION IF NECESSARY):

The purpose of this request is:

- At the request of the Beneficiary
- Other: _____

I hereby authorize SilverScript Inc. to release the following information for the aforementioned Beneficiary:

- Statement of Costs from ___/___/___ to ___/___/___ (mm/dd/yyyy)
- Prescription History from ___/___/___ to ___/___/___ (mm/dd/yyyy)
- Other health information, please specify: _____
From ___/___/___ to ___/___/___ (mm/dd/yyyy)

I understand that I have the right to revoke this authorization at any time. This revocation will not affect any uses and/or disclosures already made based on this authorization before the revocation is received by SilverScript Inc. The revocation must be submitted in writing and mailed to the address below. I understand that Silver Script Inc. may not condition any treatment, payment, enrollment or my eligibility for benefits on my signing this authorization. I understand that the information used and/or disclosed pursuant to this signing this authorization may no longer be protected by federal privacy law.

I certify that the foregoing information is true and correct.

Signature: _____ **Date:** _____

NOTE: If signed by someone other than the above-named beneficiary, please describe your legal authority to act on behalf of the beneficiary and, if applicable, attach supporting legal documentation.

Please return this form to:
SilverScript Inc.
6950 Alamo Downs Pkwy, Ste 110
San Antonio, TX 78238
Fax (210) 706-2401