Care Coordination Release of Information Form

Member Name:		Today's Date:	
Member DOB:		Member ID:	
Care Coordinator Name:		Care Coordinator Phone:	

My Care Coordinator may release my information to/from:		
Name	Relationship	Address/Phone/Fax

Information I consent to release includes (check all that apply):							
☐	Name/Address/Phone	☐	Provider Records	☐	Enrollment	☐	Restricted Recipient Info
☐	Claims/Authorizations or Utilization Review	☐	Pharmacy and Medications	☐	Genetic Testing	☐	Financial
☐	Appeals/Grievances	☐	Disease Mgt Programs	☐	HIV/Aids	☐	Photo of me
☐	Medical Records	☐	Alcohol and Substance Use	☐	Mental Health Care	☐	Diagnosis
☐	My records may be released from any time during my enrollment with UCare (up to 6 years prior) **OR**						
☐	Records can be released for only some date(s) or time period:						

The reason for this release is:							
☐	Member request	☐	Continuity of Care	☐	Disease Management	☐	Research
☐	Appeal/Complaint	☐	To explain UCare's programs or services	☐	Media Release	☐	Other (specify):
					This release will last until (specify date/event/condition):		

Signature(s):

By signing this form, I understand and acknowledge:

- I agree that UCare may use and release information about me for the reasons checked above.
- I have the right to cancel this release in writing at any time by emailing or sending a written request to my care coordinator at:

- If I cancel this release, I understand that my information might have already been shared or relied upon before I cancelled the release.
- Any information used or disclosed may be re-disclosed by the recipient and may no longer be

protected by federal or state privacy laws.

- I understand that I do not have to sign this release.
- If I do not sign this release, it will not affect my health coverage.
- I understand that the information released may let others know that I am a person on a Minnesota health care program.
- I hereby release UCare from any and all claims arising out of or in connection with the use of the released information.

Signature of Individual Authorizing Release	Date
Signature of Parent (if minor)/Legal Guardian	Date
Signature of Witness (if required)	Date