



Colorado Health Partnerships, LLC
AspenPointe ♦ SyCare ♦ West Slope Casa ♦ ValueOptions

Authorization for Beacon Health Options to Release Confidential Information

Important: By completing all sections of this form you allow Beacon Health Options, Inc. (Beacon) to disclose health care information to the individuals you identify for up to one year. You may allow Beacon to share health care information with your family, providers, legal representative, or **anyone** you wish to have access. Please fill in all sections as incomplete forms may be returned.

Please note: It is also important for your doctor to have access to your medical information to ensure you receive the best care possible, including any follow-up care that may be needed. To allow Beacon the ability to send your health care information to your doctor, complete and sign this form. We will only send information that pertains to your care.

If your request involves alcohol or substance use information, please pay attention to the special instructions in the applicable sections.

SECTION 1: WHOSE HEALTH CARE INFORMATION IS TO BE RELEASED?

I, _____ (**Member Name**) authorize Beacon (or any Beacon Health Options subsidiary holding my information) to disclose my health care information as described below.

Additional Member Identifying Information Member ID#: _____ DOB: ____/____/____

Phone Number: _____ Name of Health Plan: _____

SECTION 2: WHO IS TO RECEIVE THIS HEALTH CARE INFORMATION?

Print the Name(s) of person, provider or entity who will be receiving your information and contact information (if known):

Phone number of who will be receiving your information: _____

Is it ok to include information from past, present, and/or future treating provider(s)?: Yes No

SECTION 3: WHY SHOULD THIS HEALTH CARE INFORMATION BE RELEASED?

Reason ("At my request" is an acceptable response): _____

Specify, if possible: Care Coordination/Management Claim Assistance Quality of Care Review
 Other (Please explain reason): _____

SECTION 4: WHAT HEALTH CARE INFORMATION MAY BE RELEASED?

BY INITIALING the items on the following page, you authorize Beacon to release specific types of information to the party identified in Section 2 above:

