TN Division of TennCare | CoverRx

After you fill out and sign this paper, send to:
Tennessee CoverRx
ATTN: Pharmacy Dept – 4W
310 Great Circle Road
Nashville, TN 37243
Phone: 1-800-424-5815 Fax: 1-888-298-4130

Permission to Release Protected Health Information (PHI)

1. Who is completing this paper?

__ I am the patient **OR**
__ I have the legal right to act for this person. (Check one below; and send legal papers.)
I am ____ Guardian **OR** _____ Other _____

2. Who is the patient?

Last Name	First Name	Middle Initial
ID Number (SSN)	Date of Birth (MM/DD/YYYY)	Phone Number (with area code)
Address	City	State / Zip Code

3. Who can the patient's health information be given to?

Name (like family members who live with me, or a place of business)	Phone Number (with area code)
Address	City, State, and Zip Code

4. What health information can we share?

Only CoverRx can **give out** your health information.
We'll **only** share the health information you **OK.** Tell us the health information from your records you say can be shared. Give the date or place if you can.

Health Information	Date I got the care	Name of the place I got care from

This **OK** includes medicine you take now or have taken for the health information you say we can share.
This **OK** ends when you are no longer a CoverRx member. But, this **OK** can't be for more than 1 year.
You can take back your **OK** anytime. You must tell us in writing:
Mail it to: Tennessee CoverRx, ATTN: Pharmacy Dept. – 4W, 310 Great Circle Road, Nashville, TN 37243.
What if you take back your **OK?** It won't take back the health information we have already shared. But, we **won't** share any more of your health information.

5. Signature of Patient

I give my OK to share the Health Information listed in this paper. This paper can be an original or a copy.

Sign Here:_____ _____
Signature or Mark ("X") of CoverRx Member — Date

_____ ( ) _____
If signed "X" please tell us the person's name who helped you. — Helper's phone number

_____
Helper's Address, City, State, Zip Code

_____

TC 02/09/16 Puede obtener estas hojas en español. Visite nuestro sitio web en www.tn.gov/hcfa/section/coverrx
O bien, llame al Centro de Servicio para Tennessee CoverRx al **1-800-424-5815**