

Need to share your health information?



This form allows us to share your health information with someone you trust — like a family member or friend — so they can take part in your care.

You can also fill out this form online!

Text **SHARE** to **866-85** or visit my.devoted.com/share to get started.

What is protected health information (PHI)?

It includes:

- Health conditions (physical and mental), notes from doctors' visits, and test results
- Health insurance details, like your plan, benefits, billing, and payments

Because this information is so personal, there are laws about who can access it. We have your health information because we're a healthcare company, and keeping it safe is something we take seriously.

When would I want to share my information?

You might want a family member, friend, or someone else you trust to help with your healthcare — like asking us about your plan benefits, checking on claims, or calling us on your behalf if you don't feel well. Before any of that can happen, we need your OK to share your information with that person.

Does this form also give permission to act on my behalf?

No. It's only for sharing information. See the next page for details.

What if I change my mind?

You have the right to change or end your permission at any time. Just contact us at the address on the last page of this form and let us know.

What if I have questions about this form?

We're here to help. Text us at **866-85** or give us a call at **1-800-338-6833 (TTY 711)**. We're here 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week).

Note:

This form applies to all Devoted Health, Inc. affiliated companies, including Devoted Health Plans and Devoted Medical. For details, see our Notice of Privacy Practices at devoted.com/privacy-practices.



Building your care team

Your care team is more than just your doctors. If you have family or friends who help with your care, they're part of your team too. It's important for us to have the right forms on file so they can support you. Here's how to figure out which form will give your care team the permissions you want:

Type of permission		What it includes	How to set it up
THIS FORM →	Protected Health Information (PHI) Sharing	<ul style="list-style-type: none"> Receive your PHI 	Use the form on the next page or visit my.devoted.com/share
	Appointment of Representative (AOR)	<ul style="list-style-type: none"> File appeals, grievances, and organization determinations Receive <u>limited</u> PHI (only related to appeals, grievances, organization determinations) 	Visit devoted.com/appointment-of-representative or call us to get a paper form
	ACTIVE Medical Power of Attorney*	<ul style="list-style-type: none"> Receive your PHI Book medical visits for you Change your PCP Consent to healthcare on your behalf 	Consult a lawyer or get a form from your state, your doctor, or a trusted group like prepareforyourcare.org
	Durable General Power of Attorney**	<ul style="list-style-type: none"> Receive your PHI File appeals, grievances, and organization determinations Book medical visits for you Change your PCP Change your address or health plan enrollment Give permission for others to receive your PHI 	Consult a lawyer or get a form from your state

*Many Medical Power of Attorney forms (also called *Healthcare Surrogate* or *Healthcare Proxy*) only become active once the person is unable to make their own decisions.

**Depending on how it's written, a Durable General Power of Attorney may give a wide range of permissions to act on your behalf in financial and legal matters, or more limited permissions.

This information is not legal advice. Using or relying on this information does not create an attorney-client relationship. Devoted Health is not liable for any actions you take or don't take based on this information.

Have a completed Power of Attorney form?

Mail or fax it to us using the instructions on page 4.



Consent for Release of Protected Health Information (PHI)
Tell us how to share your health information.

PROVIDE YOUR PERSONAL INFORMATION

Your first and last name (please print):

Your birth date (month/day/year):

Member ID number:

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TELL US WHO TO SHARE WITH

Person 1

Who to share with (first and last name):

Their relationship to you:

Their address: (Street address):

Their phone number:

City, State, Zip Code:

Their email (optional):

Person 2 (optional)

Who to share with (first and last name):

Their relationship to you:

Their address: (Street address):

Their phone number:

City, State, Zip Code:

Their email (optional):

TELL US WHEN TO STOP SHARING

You can choose a specific end event (like finishing treatment for a certain health condition) or an end date. If this is blank, the form will last until 1 year after your last day as a Devoted Health member.

When to stop sharing:

TELL US WHAT TO SHARE

We'll share all standard information with the person or people you've listed. This includes your health conditions, treatments, prescription drugs, billing details, and more. It covers just about everything.

But some details we can ONLY share if you tell us specifically.

Check any of these you'd like us to be able to share (optional):

- Drug and alcohol abuse treatment records
- Genetic information, like results from gene testing
- HIV/AIDS tests and treatment records
- Mental health treatment records

SIGN THE FORM

By signing below, I agree that Devoted Health can share the information I've chosen with the people listed above.

Signature (yours or your legal representative's):

Today's date (month/day/year):

I'm signing this form for: ☐ Myself ☐ Someone else

If you're signing for someone else:

Please fill out the fields below and include proof that you can act for the member, such as a power of attorney or guardianship papers.

Your name (please print):

Your relationship to them:

Please send your completed form to:

Mail

Devoted Health – Enrollment
PO Box 211037
Eagan, MN 55121

Fax

1-877-264-3859

To file a complaint with Devoted Health, call us at 1-800-338-6833 (TTY 711). To file a complaint with Medicare, call 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include their name when you file your complaint.

Need Help? Call **1-800-338-6833** (TTY 711) or text us at **866-85**

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