

Authorization to Disclose Health Information

WHO CAN WE TALK TO ABOUT YOUR HEALTH?

Completing this form will allow YouthCare to share your health information with the person that you identify below.

If you want all of your health information shared with the person named below, please check the box below.

I give YouthCare permission to share ALL of my health information with the person named below.

If you only want some of your health information shared with the person named below, please check the boxes next to what you don't want shared.

- I give YouthCare permission to share all of health information EXCEPT:**
- Prescription drug/medication information
 - Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) info
 - Behavioral health services or psychiatric care information
 - Other: _____

Please fill in the information below on the person who is authorized to receive information on your health.

<p>Name: _____</p>	<p>Phone: _____</p>
<p>Address: _____</p> <p>City: _____</p> <p>Zip: _____</p>	<p>Please provide an end date for this form. When should we stop sharing your health information with this person?</p> <p>Authorization End Date:_____</p>

If you don't want us to speak to anybody about your health please check the box below.

I do not authorize YouthCare to speak with any individual regarding my healthcare other than myself.

PLEASE SEE BACK OF FORM FOR MORE DETAILS.

FILL IN ALL INFORMATION REQUESTED ON THIS FORM. WHEN FINISHED, MAIL IT TO:

YouthCare
 Privacy Officer
 PO Box 733
 Elk Grove Village, IL 60009-0733

844-289-2264

Authorization to Disclose Health Information

Member Information

Member Name (print):

Member Date of Birth:

Member ID Number:

Member Signature:

Date:

If you are signing for the member, describe your relationship below. If you are the member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship):

How to cancel this form:

Right to cancel (revoke): If you want to cancel this authorization form, fill out the revocation form online at ILYouthCare.com or call us at 844-289-2264 to receive a copy of the form.

Additional information about this form:

- You do not have to sign this form or give permission to share your health information. Your services and benefits with YouthCare will not change if you do not sign this form.
- YouthCare cannot promise that the person you allow YouthCare to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. YouthCare can send you copies if you need them.