

**AUTHORIZATION FOR BIENVIVIR ALL-INCLUSIVE SENIOR HEALTH TO
REQUEST HEALTH INFORMATION FOR A PROSPECTIVE PROGRAM
ENROLLEE**

This form is used by prospective Program enrollees (visitors) or their designated representatives to authorize Bienvivir All-Inclusive Senior Health to request and use Protected Health Information (PHI) from their medical records from external providers, such as hospitals, physician's offices and assisted living/nursing facilities.

SECTION A: PATIENT INFORMATION

First Name: _____ Address: _____
 Last Name: _____
 DOB: _____ Phone Number: _____
 Gender: _____ Last 4 Digits of SS: _____

SECTION B: STATEMENT OF AUTHORIZATION

I hereby authorize the designated staff at _____

 to disclose (release) my complete medical file (records) to Bienvivir All-Inclusive Senior Health.
I understand and agree that the information I am authorizing to be released may include mental health records, drug, alcohol, or substance abuse records, genetic information and HIV/AIDS information.

SECTION C: INFORMATION REQUESTED

Date Range for Requested Medical Records - From: _____ **To:** _____ **To Present Date**

The information requested includes the following:

- | | |
|-------------------------------|------------------------------|
| Primary Care Provider Orders | Diagnostic Test Reports |
| Progress Notes | Operation Reports |
| Pathology Reports | Radiology Reports and Images |
| History/Physical Exams | Lab Results |
| Patient Allergies | Consultation Reports |
| Discharge Summaries | Immunization Reports/TB Test |
| Rehabilitation Progress Notes | Psychosocial History |
| Past/Present Medications | Psychiatric History |

Main Office :: (915) 562-3444, bienvivir.org
 McKinley : 2300 McKinley Ave., El Paso, Texas 79930



Concourse : 2300 McKinley Ave., El Paso, Texas 79930
 Carolina : 940 N. Carolina, El Paso, Texas 79915

SECTION D: PURPOSE OF REQUEST

The requested release of medical records is intended for *potential enrollment into Bienvivir All-Inclusive Senior Health.*

SECTION E: EXPIRATION AND REVOCATION

EFFECTIVE TIME PERIOD. This authorization is valid for one year from the date of signature, with the expiration date being

RIGHT TO REVOKE. This authorization may be revoked or changed at any time by you in writing. This authorization will be considered revoked if you sign a later dated revocation and provide it to Bienvivir. Any actions or disclosures of your health information that were made while the authorization was valid will remain valid and will not be undone, even if you later revoke (cancel) the authorization or it expires.

SECTION F: RECORDS DELIVERY METHOD

Kindly submit the requested records to Bienvivir All-Inclusive Senior Health using any of the following methods:

I. **Fax.** Fax records to:

II. **Mail.** Mail records to:

Bienvivir – Carolina Medical Records
656 Rancho Alegre, El Paso TX 79915
Phone 915-599-6000 Ext. 6070

Bienvivir – Concourse Medical Records
656 Rancho Alegre, El Paso TX 79915
Phone 915-599-6000 Ext. 6066

Bienvivir – McKinley Medical Records
656 Rancho Alegre, El Paso TX 79915
Phone 915-599-6000 Ext. 6064

III. **Secure Portal.** For specific details on uploading records to the secured Bienvivir Portal, please contact the Medical Records Supervisor at 915-599-6000, extension 6018.

SECTION G: AUTHORIZATION SIGNATURE

I have read and understand the content of this authorization form. I acknowledge that I am entitled to receive a copy of this authorization after signing.

Patient/Designated Representative Signature: _____ **Date:** _____

Witness Signature: (Only if patient signs with an “x”) _____

Bienvivir Representative Signature: _____ **Date:** _____

This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder.