

Request for record of non-routine disclosures of Protected Health Information (PHI)

Complete this form to ask for a list of disclosures of your protected health information (PHI) made regarding services provided by Optum Frontier Therapies® for purposes outside of treatment, payment, or healthcare operations. We will report disclosures of your PHI made by us in the six years prior to the date of your request unless a Health Insurance Portability and Accountability Act of 1996 (HIPAA) exception applies. Exceptions include disclosures such as those made:

- To carry out treatment, payment, or health care operations,
- To you or someone legally authorized to act on your behalf,
- To anyone pursuant to an authorization form completed and signed by you or your authorized representative, or
- Incidental use or disclosure otherwise permitted or required by the HIPAA Privacy Rule.

If you have questions about this form, call us at the patient telephone number located on your pharmacy materials. For assistance with healthcare information not managed by Optum Frontier Therapies, contact that entity directly.

Submitting a request on behalf of another individual

Please have the **patient** sign and submit the request if:

1. you are not the legal representative, OR
2. the individual is 12 or older, and the records may relate to sensitive health information, such as mental health, substance use, HIV/AIDS, STD, pregnancy, or reproductive health.

If you qualify as a legal representative, you are required to attach supporting documentation:

- **Power of attorney, Court Order, or another valid document**
- **HIPAA authorizations do not establish legal authority and are not sufficient to submit an access request through this process**

Please note: We can only provide a report of non-routine disclosures made by Optum Frontier Therapies. To request information about routine or other non-routine disclosures not made by us, please contact your health or prescription benefit plan directly. We will notify you if we are unable to respond to you within 60 days of receiving your request.

Mail the completed form to:

Optum Frontier Therapies
6425 Santa Margarita Street, Unit 110
Las Vegas, NV 89118

Fax: **1-866-991-9929**

Please complete each section below. Forms submitted with incomplete information, insufficient legal authority, or signed by the incorrect individual may be denied or result in processing delays.

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5 Patient or legal representative signature

I authorize the release of my PHI as identified above.

☒ Patient or legal representative signature

Date

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