



Patient Release and Authorization

This authorization allows Eagle Pharmacy to disclose Protected Health Information ("PHI") associated with you ("Patient") to the individual named below ("Authorized Party"). Eagle Pharmacy will grant Authorized Party access to all of Patient's PHI and Authorized Party will have full discretion to act on Patient's behalf as it pertains to services provided by Eagle Pharmacy. This access includes, but is not limited to ordering prescriptions, refills, etc. Eagle Pharmacy will take steps to limit the use or disclosure of any PHI to only the amount reasonably necessary to carry out the treatment, payment, or health care operations associated with Patient or to fulfill the specific requests of Patient, to the extent practicable and allowed by law.

- This authorization allows Eagle Pharmacy to disclose Patient's account information, including PHI, to the Authorized Party listed below.
- PHI provided in accordance with this authorization may include information pertaining to: application or enrollment, claim records, claim status and patient management information, diagnosis and treatment information, patient history, information pertaining to chronic diseases, behavioral health information with the exception of psychotherapy notes, communicable diseases including HIV/AIDS and/or genetic marker information.
- This authorization allows Authorized Party to request Patient's information, including PHI. Eagle Pharmacy will provide this information to Authorized Party either at Authorized Party's request or at the request of Patient.
- This authorization will remain in effect for as long as the Patient is enrolled with Eagle Pharmacy or until Patient expressly revokes this authorization.
- Patient may revoke this authorization by notifying Eagle Pharmacy, in writing, of the revocation. Upon receipt of Patient's revocation request, following a reasonable time for processing, Eagle Pharmacy will cease all disclosures to the previously authorized individual and will terminate individual's access to all of Patient's account information, including any PHI.
- Eagle Pharmacy does not condition the administration of care upon the execution of this authorization. Failure to fully execute this authorization will, however, preclude Eagle from disclosing PHI to any individual not directly involved in the treatment, payment, or health care operations associated with Patient's care.
- In executing this authorization, Patient understands that any information disclosed by Eagle to Authorized Party has the potential to be redisclosed by the Authorized Party. Any information subsequently disclosed by the Authorized Party may no longer be protected by the HIPAA Privacy Rule.
- Each covered entity that acts in reliance on this authorization shall be released from liability that may result from disclosing Patient's individually identifiable health information and other medical records.

After fully reviewing the information contained in this authorization, please fill out the required information found on the following page, then sign and return the form to Eagle Pharmacy using one of the methods listed below.

Mail form to:

Fax form to:

EAGLE PHARMACY
PO Box 90937
Lakeland, FL 33804

OR

(877) 283 - 9171



I hereby authorize Eagle Pharmacy, its parents, subsidiaries, or other affiliates and their respective employees to disclose Protected Health Information (PHI) of the member/insured listed below to the individual or entity listed in Section 2.

1. Patient Information

Last Name	First Name	MI
Street Address		Birth date
City, State	Zip	Phone

2. Authorized Party

Last Name	First Name	MI
Street Address		Birth date
City, State	Zip	Phone

3. Signature of Patient

Signature of Patient	Date
Print Name	

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