

Authorization to Use and Disclose Health Information



Notice to Member:

- Completing this form will allow Home State Health to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to give permission to use or share your health information. Your services and benefits with Home State Health will not change if you do not submit this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling Member Services at the phone number on the back of your member ID card.
- Home State Health cannot promise that the person or group you allow us 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. We can send you copies if you need them.
- If you need help, contact Member Services at the phone number on the back of your member ID card.
- Fill in all the information on this form. When finished, mail the form and any supporting documentation to

Home State Health Plan

ATTN: Compliance Department

7711 Carondelet Avenue

St. Louis, MO 63105

Phone: 1-855-694-4663 (Hearing impaired TTY: 711)

PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW.
INCOMPLETE FORMS CANNOT BE ACCEPTED.

1 MEMBER INFORMATION:

Member Name (*print*): _____

Member Date of Birth: _____ Member ID Number: _____

2 I GIVE HOME STATE HEALTH PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSE IDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS (*check one option below*):

- ☐ to allow Home State Health to help me with my benefits and services, **OR**
☐ to permit Home State Health to use or share my health information for _____

3 PERSON OR GROUP TO RECEIVE INFORMATION (*add more Persons or Groups on next page*):

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - ____

4 I AUTHORIZE HOME STATE HEALTH TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION (*NOTE: Select the first statement to release ALL health information or select the below statement to release only SOME health information. Both CANNOT be selected.*)

☐ **All of my health information INCLUDING:** Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed); **OR**

☐ **All of my health information EXCEPT (*check only the boxes below that apply*):**

- ☐ Genetic information, services or tests
☐ AIDS or HIV data and records
☐ Drug and alcohol data and records
☐ Mental health data and records (but not psychotherapy notes)
☐ Prescription drug/medication data and records
☐ Other: _____

5 THIS AUTHORIZATION ENDS ON THIS DATE/EVENT: _____
Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year from the date of the signature below.

6 MEMBER OR LEGAL REPRESENTATIVE SIGNATURE: _____
DATE: _____

IF LEGAL REPRESENTATIVE – Relationship to Member: _____

*If you are the Member's legal or personal representative, **you must send us copies of relevant forms**, such as power of attorney or order of guardianship.*

MAIL COMPLETED AUTHORIZATION FORM AND ANY SUPPORTING
DOCUMENTATION TO **Home State Health Plan, ATTN: Compliance Department**
7711 Carondelet Avenue, St. Louis, MO, 63105

ADDITIONAL INDIVIDUAL PERSON(S) OR GROUP(S) TO RECEIVE INFORMATION:

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

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City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

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Address:

City: State: Zip: Phone: () -



home state health.

Show Me Healthy Kids

MANAGED BY HOME STATE HEALTH

Home State Health: 1-855-694-4663 (TTY 711)

Show Me Healthy Kids: 1-877-236-1020 (TTY 711)

ENGLISH: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call one of the toll-free numbers above.

SPANISH: Tiene disponible sin costo servicios de asistencia lingüística, ayudas y servicios auxiliares, documentos en letra grande, traducción oral y otros formatos alternativos. Para obtenerlos, llame a una de las líneas gratuitas indicadas arriba.

CHINESE: 免费为您提供语言协助服务、辅助工具及服务、大字体版本、口译服务以及其他替代形式。若需获取这些服务，请拨打上述任意免费电话号码。

VIETNAMESE: Các dịch vụ hỗ trợ ngôn ngữ, phương tiện và dịch vụ hỗ trợ bổ sung, phông chữ lớn hơn, phiên dịch trực tiếp, và các hình thức hỗ trợ thay thế khác được cung cấp miễn phí cho quý vị. Để nhận dịch vụ này, vui lòng gọi đến một trong các số miễn cước bên trên.

SERBO-CROATIAN: Usluge jezičke pomoći, dodatna pomagala i usluge, veći font, usmeno prevođenje i drugi alternativni formati dostupni su vam besplatno. Da biste to dobili, pozovite jedan od gore navedenih besplatnih brojeva telefona.

GERMAN: Sprachassistenzen, Hilfsmittel und -dienste, größere Schrift, mündliche Übersetzung und andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Zur Nutzung der vorgenannten Hilfen rufen Sie bitte eine der oben genannten gebührenfreien Nummern an.

ARABIC: خدمات المساعدة اللغوية، والمساعدات والخدمات الإضافية، والخطوط الأكبر، والترجمة الشفهية، وغيرها من الصيغ البديلة متوفرة لك مجاناً. للحصول على هذه الخدمات، يرجى الاتصال بأحد الأرقام المجانية المذكورة أعلاه.

KOREAN: 언어 지원 서비스, 보조 도구 및 서비스, 큰 활자, 통역 및 기타 대체 형식을 무료로 이용할 수 있습니다. 이 서비스를 받으려면 위의 무료 전화번호 중에서 하나를 선택하여 전화하십시오.

RUSSIAN: Услуги языковой поддержки, вспомогательные средства и услуги, крупный шрифт, устный перевод и другие альтернативные форматы

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доступны вам бесплатно. Чтобы воспользоваться ими, позвоните на один из указанных выше бесплатных номеров.

FRENCH: Des services d'assistance linguistique, des aides et services auxiliaires, des polices plus grandes, des traductions orales et d'autres formats alternatifs sont à votre disposition gratuitement. Pour les obtenir, veuillez appeler l'un des numéros gratuits ci-dessus.

TAGALOG: Available sa iyo nang walang gastos ang mga serbisyong tulong sa wika, dagdag na tulong at mga serbisyo, mas malaking letra, oral na pagsasalin, at iba pang mga alternatibong format. Para makuha ito, pakitawagan ang isa sa mga libreng numero sa itaas.

PENNSYLVANIAN DUTCH: Sproochhielfsdienst, hilfsgreje und dienscht, grössere Schrift, mündliche Übersetzung, un ander alternativ Formate sin für euch ohne Kost verfügung. Ruft bitte eppes von die gebührenfreien Nummern oben an für das.

PERSIAN: خدمات کمک زبانی، لوازم و خدمات کمکی، فونت درشت، ترجمه شفاهی و سایر قالب‌های جایگزین بدون هزینه در دسترس شماست. برای دریافت آن، لطفاً با یکی از شماره‌های رایگان بالا تماس بگیرید.

CUSHITE: Tajaajilootni deeggarsa afaanii, gargaarsawwan fi tajaajiloonni addaa, barreeffamoota gurguddaa, hiikkaa kan afaanii fi malootni biroon kaffaltii tokko malee siif ni jiraatu. Kana argachuuf maaloo lakkoofsa bilbila bilisaa armaan olii keessaa tokkotti bilbilaa.

PORTUGUESE: Serviços de assistência linguística, auxílios e serviços auxiliares, fontes maiores, tradução oral e outros formatos alternativos disponíveis para você sem nenhum custo. Para obter isso, ligue para um dos números gratuitos acima.

AMHARIC: ያለ ምንም ወጪ የቋንቋ ድጋፍ አገልግሎቶች፣ ለአካል ጉዳተኞች አጋዥ መሳሪያዎች እና አገልግሎቶች፣ ትልልቅ ቅርጽ-ቁምፊዎች፣ የቃል ትርጉም እና ሌሎች አማራጭ ቅርጾችን ማግኘት ይችላሉ። ይህንን ለማግኘት፣ እባክዎ ከላይ ከተዘረዘሩት ነጻ የስልክ ቁጥሮች ወደ አንዱ ይደውሉ።