

**Senderra Rx Partners, LLC Personal Health Information (PHI) Release Form**

I hereby authorize Senderra Rx Partners, LLC to disclose my Protected Health Information (PHI) as contained in the Designated Record Set maintained by Senderra Rx Partners, LLC, including but not limited to highly confidential information concerning communicable diseases, HIV, AIDS, psychiatric, chemical or alcohol dependency, laboratory test results, or any other medical treatment. I am aware that Senderra Rx Partners, LLC may contact me for authentication and verification using the contact information I provided. I understand that:

- I have the right to revoke this authorization at any time, in writing, via email, fax, or mail;
- This authorization will expire in five years unless I revoke the authorization;
- This authorization is voluntary and Senderra Rx Partners, LLC will never condition treatment, payment, enrollment, or eligibility for benefits on this authorization; and
- Any of my information that is disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal privacy regulations.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Prescriber/Provider:** \_\_\_\_\_

**Best Manner of Contact:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Requested Information Criteria**

**Type:** \_\_\_\_\_ Medical records \_\_\_\_\_ Billing records \_\_\_\_\_ Payment records  
\_\_\_\_\_ Claims Adjudication \_\_\_\_\_ Enrollment information \_\_\_\_\_ Medication History  
\_\_\_\_\_ Other: \_\_\_\_\_

**Health information that may be disclosed is limited to the following treatment dates/events:**

\_\_\_\_\_  
**Name of Recipient:** \_\_\_\_\_

**Manner of Delivery (please include method and address if applicable):** \_\_\_\_\_

\_\_\_\_\_  
**Purpose of Release/Disclosure:** \_\_\_\_\_

**Patient Signature/Date:** \_\_\_\_\_

**Senderra Rx Preparer Print Name/Sign/Date:** \_\_\_\_\_

**Description of Authority if Representative:** \_\_\_\_\_

**Mail completed form to:**

Senderra Rx Partners, LLC  
9330 LBJ Freeway Suite 1300  
Dallas, TX, 75243

**Email completed form to:**

[release@senderrarx.com](mailto:release@senderrarx.com)

**Fax completed form to:**

1-888-777-5645

Please note: Information sent via email is not encrypted, so a third party may be able to access emailed information and read it since it is transmitted over the internet. In addition, once an email is received by you, someone may be able to access your email account and read it. If you request your PHI via email, you acknowledge that you understand and accept the associated risks.