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

Fax completed form to:

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.