



227 Main Street, Fort Fairfield, ME 04742
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www.i-carepharmacy.com

Authorization for Release of Protected Health Information

Completing this form allows I Care Pharmacy to give your health information or records to a third party such as a caregiver, family member or law office.

Patient Name: _____ Date of Birth: _____

Patient Address: _____

I, or my personal representative, authorize I Care Pharmacy to release my health information, prescription history, and/or any other pharmacy services I have received from I Care Pharmacy as follows:

1. My health information may be released to the following person(s) or group(s):

Name(s): _____ Relationship to Patient: _____

Address: _____ Phone Number: _____

2. Specific information to be released (select all that apply):

- Entire Prescription History
- Financial/Copay Information
- Prescription History from (date) _____ to (date) _____
- Other (please specify): _____

3. I understand that my health information may include material used to treat mental health conditions, alcohol or substance abuse, HIV/AIDS, or sexually transmitted diseases.

- I authorize release of this information.
- I DO NOT authorize release of this information.
- I authorize ONLY the following information: _____

4. I understand that information released to a third party may no longer be protected by federal or state laws and may be released by the person or group that receives the information.

5. I understand that a photocopy of this authorization shall be considered as valid as the original.

6. I understand that authorizing the release of my health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form in order to enroll, receive treatment or payment, or to be eligible for benefits.

7. This authorization may be canceled by my written request at any time to the following address. The cancellation will not apply to any information shared before that date.

Privacy Official
I Care Pharmacy
227 Main Street
Fort Fairfield, ME 04742

Patient Signature: _____ Today's Date: _____