

Authorization to Disclose Protected Health Information

The Sidecar Health Notice of Privacy Policy (NOPP) explains how we protect your protected health information (PHI).

This authorization documents your intent to identify the person(s) who have your permission to contact us on your behalf (“authorized representative”) to receive your PHI for claims status, benefit information, and/or other matters pertaining to your insurance coverage. An authorized representative does not have authority to make changes to your account or exercise rights on your behalf as a legal representative would.

In most instances, the NOPP permits us to share your PHI with health care providers (e.g., physicians, hospitals, etc.) involved in your treatment or payment for your treatment. Therefore, it is not necessary to name your health care providers as authorized persons.

Member Information:

Full Name	
Address	
Date of Birth	

Authorized Representative(s) Information:

I authorize the following person(s) to act as my authorized representative to access my health information as of the signature date on this form:

Full Name	
Relationship	
Address	
Phone Number	

Full Name	
Relationship	
Address	
Phone Number	

Scope:

Sidecar Health may receive, use, or disclose all claim, enrollment, and health related information with my authorized representative, except for the following conditions I’d like to keep private (**select any/all that apply**):

- Mental health
- Sexually transmitted infections (including HIV and AIDS)
- Substance use
- Reproductive health
- Specify any other limitation to what we may disclose to your authorized representative, as needed:

Substance Use Disorder Records:

If I do not check "Substance use" above, then by signing this form I specifically authorize Sidecar Health, to the extent it holds substance use disorder records from a federally assisted substance use disorder program, to disclose substance use disorder diagnosis, treatment, referral, and related records to the authorized representative(s) identified above. Such information may be separately protected under federal law (42 C.F.R. Part 2). The information to be disclosed may include:

- Substance use disorder diagnosis
- Treatment records
- Referral information
- Medication-assisted treatment information
- Claims and payment records related to substance use disorder services

Purpose of disclosure: To permit my authorized representative(s) to assist with matters related to my insurance coverage, claims, and benefits.

Term:

How long should this authorization be in effect? (**select one**)

- Until the date my Sidecar Health coverage ends
- Until an expiration date of: _____

Acknowledgement:

By signing below, I acknowledge the following:

- I have the right to revoke (cancel) this authorization at any time, including any authorization granted to disclose substance use disorder records, by notifying Sidecar Health in writing via email or mail. Revocation is effective upon receipt of the notice and does not apply to the extent that action has already been taken in reliance on it.
- My authorization is voluntary and not a condition of enrollment, eligibility, or claim payment.
- The authorized person(s) may not be subject to federal/state privacy laws and they may further release my PHI. Sidecar Health is not responsible for further disclosure by my authorized representative.

Signature:

Date:

The member's signature is required. If the member is incapable of signing due to illness, injury, or death, a personal representative, such as the parent of a minor child, power of attorney, or executor, may sign his or her name may sign on the member's behalf. **Legal documentation proving authority to act for the member must be attached;** otherwise, this authorization will not be honored. My relationship to the member named above is:

- Member Power of Attorney or other legal representative Parent/Guardian Other

You may submit this completed form to Sidecar Health via a message in your member portal or mail to Sidecar Health Member Care, 440 N Barranca Ave., Suite 7028, Covina, CA 91723