



## **Authorization for Release of Health Information**

Follow these instructions to complete the form.

### **Section 1 - Member's personal information**

Write your full name, date of birth, address and member/subscriber ID in this section.

### **Section 2 - Who may get and share my information**

Write the full name and address of the person(s) or organization(s) you are allowing to get information from or share information with.

### **Section 3 - Type of information to be shared**

Check one of the boxes. If you check the second box, write what information we may share.

### **Section 4 - Purpose of disclosure**

Check one of the boxes. If you check the second box, write the purpose of the release of information.

### **Section 5 - Signature**

To be valid, the form must be signed and dated. Illinois members also need the signature of a witness.

### **Section 6 - Personal representative**

If you have a guardian or court appointed representative, they must complete this section and attach a copy of their legal proof of authority.

**Please return completed form to:  
UnitedHealthcare Community & State – Uniprise C&S Project  
3315 Central Avenue Hot Springs, AR 71901**

**Fax: 1-866-888-1129, Email: EC\_CNS\_CAID@uhc.com**