

HEALTH INFORMATION RELEASE (HIPAA RELEASE)

This Health Information Release is for use with individuals that are members of UnitedHealthcare health plans or plans that UnitedHealthcare administers & patients of Optum Care providers (including, but not limited, to MedExpress, LHI, HouseCalls, WellMed, ProHealth, Southwest Medical Associates, AppleCare, Monarch, PrimeCare, Valley Physician Network, Primary Care Associates Medical Group).

This HIPAA Release must be signed if the statements I make or the audio or visual recordings of me (my "Testimonial"), include Personal Health Information AND I am either (i) a United Healthcare member OR (ii) my provider is affiliated with United Health Group. This HIPAA Release concerns protected health information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), which I agree to share with United in accordance with the terms of this Release.

Release of My Protected Health Information: I agree to share PHI with United as part of my Testimonial and I agree that United can use and release that PHI on this basis:

- My permission is voluntary and I may choose not to sign this form. If I choose not to sign this form, I will not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits.
• I only agree to share the PHI that I disclose as part of my Testimonial. It is my choice whether my Testimonial includes references to substance abuse, psychiatric or mental health care, reproductive health, Hepatitis B or C testing, HIV, and/or other sensitive information.
• I understand that the PHI that I share, as part of my Testimonial, will be shared with third parties by United and that those third parties could further share that PHI, so that it would no longer be protected by HIPAA.
• I may tell United at any time that I have changed my mind and that I want to revoke my permission to use and release PHI. If I decide that, then I must do so in writing by sending a written request to UnitedHealth Group, Attn: Legal Intake, 9900 Bren Road East, Minnetonka, MN 55343. I understand that my decision to revoke my permission will not have any effect on PHI which was released or used by United or by someone authorized by United before it received my written request.

This release will continue in effect until I either revoke my permission or it otherwise expires automatically under state law.

For good and valuable consideration, the receipt whereof is hereby acknowledged, I hereby authorize United to use and disclose any PHI I may disclose in my Testimonial. I have read the Release & Consent and this HIPAA Release, understand both, and am signing both voluntarily:

Signature
Name (please print) Date

TO BE COMPLETED IF THE INDIVIDUAL IS A MINOR: I confirm that I am the parent or legal guardian of the person identified below, who is a minor and who has entered into the HIPAA Release with United, and that I have read and approve of the content of this HIPAA Release and I consent to its execution by my child/ward.

I hereby agree to release United in accordance with the terms of this HIPAA Release.

Minor's Name (please print)
Parent/Guardian's Name (please print)
Parent/Guardian's Signature Date