WPS HEALTH SOLUTIONS WPS HEALTH INSURANCE Arise HEALTH PLAN EPIC SPECIALTY BENEFITS

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION VIA ELECTRONIC MEANS

You have the right to request that protected health information about you that is maintained electronically by Wisconsin Physicians Services Insurance Corporation (WPS or WPS Health Insurance), and/or its wholly owned subsidiaries, The EPIC Life Insurance Company (EPIC Specialty Benefits), and WPS Health Plan, Inc. (Arise Health Plan) (hereinafter "WPS Health Solutions")be sent to you via unencrypted email. Before transmitting this information, WPS Health Solutions must first advise you of the risks associated with transmitting unencrypted email. Please review the "Alert for Electronic Communications" below in which we notify you of these risks. If after reviewing the Alert you decide that you want to receive communications via unencrypted email, then complete the form below and we will transmit your protected health information in that manner. WPS Health Solutions is not responsible for unauthorized access of PHI while in transmission to you based on your request and is not responsible for safeguarding information once delivered to you. ***NOTE: WPS Health Solutions does not maintain original medical records. We advise members to contact their provider's office, clinic or hospital to obtain medical records. Members must follow the provider's procedures for accessing medical records.**

PART A: MEMBER INFORMATION

Member Last Name	Member First Name	M. I.	Member Date of Birth

Member Street Address	City	State	Zip Code

Phone # (including area code)	Cell Phone# (including area code)	Subscriber Number (ID Card)

***** Complete the following only if the person making the request is not the member *****

Name of Requestor	Relationship to member	Legal Authority

Address	Phone Number

PART B: AUTHORIZATION

By signing this form, I authorize WPS Health Solutions to communicate with me and other health care providers as necessary for my/the member's **medical care, billing, payment, and/or treatment** purposes via:

☐ **Email communication.** I authorize emails to be sent to the following email address. List the email address where you would like to receive email communications:_____

☐ Video conference ☐ Audio conference ☐ Other electronic means - please describe:_____

I understand that the following types of protected health information may be used, disclosed, and retained by WPS as a result of the communication(s): Check all that are approved:

☐ My personal health information contained in emails and my email address

☐ Video or electronic diagnostic images (x-rays, MRIs, CT Scans), laboratory test results, pathology reports; other diagnostic test results

☐ Video recordings (sound and picture), including recordings of my voice and/or parts of my body that may include my face

I further authorize the disclosure of the following information about me that may be included in the protected health information listed above. *Check all that are approved:* ☐ Mental Health ☐ Substance Abuse ☐ STD/HIV/AIDS ☐ Genetic Data

- I have read and understand the *Alert for Electronic Communications* (see below) and agree that the electronic communications described above may include protected health information (PHI) about me/the patient/member when necessary.
- By signing this Authorization, I am giving permission for the use or disclosure of the PHI described above for the purpose(s) described. I hereby release WPS Health Solutions and its employees from any and all liability that may arise from the release of information.
- I understand that I have the right to revoke this Authorization at any time, if I do so in writing, and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this authorization.
- I understand that I may refuse to sign this Authorization, and I cannot be denied or refused treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign.
- I understand that information disclosed pursuant to this Authorization may no longer be protected by the federal health information privacy law and could be re-disclosed by the person or agency that receives it.

This authorization expires automatically one (1) year from the date of signing, or upon:

☐ My written revocation ☐ Another Date or Event - describe:_____

PART C: MEMBER SIGNATURE OR AUTHORIZED REPRESENTATIVE/GUARDIAN

Member signature or Designated Legal Representative/Guardian signature **X**	**Date**

If authorized representative: (1) print your name, (2) state the legal authority for your status as Member's representative, and (3) attach supporting documentation:

Complete all parts of the form, print out, sign and date. Patient or representative should keep a copy. Give fax, or mail the original signed form to the person or organization releasing the information.* **Mail: Legal/Privacy, P.O. Box 8190, Madison, WI 53708-8190 **Fax:** (608) 977 - 9885

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Alert For Electronic Communications

Email Correspondence:

Members and/or personal representatives who want to communicate with WPS Health Solutions by email should consider all of the following issues before signing an *Authorization to Use or Disclose Protected Health Information via Electronic Means:*

A. Email sent by WPS Health Solutions will not be encrypted during transmission.
B. It is possible that email can be forwarded, intercepted, printed and stored by others.
C. Email communication is a convenience and not appropriate for emergencies or time-sensitive issues.
D. Highly sensitive health or Personal Information should not be communicated by email (i.e., HIV status, mental illness, chemical dependency, worker compensation issues, financial account information, Social Security Numbers, etc.)
E. Employers generally have the right to access any email received or sent by a person at work. This means that if you use your work email address to send/receive emails to/from WPS Health Solutions, then your emails may be viewed and recorded by your employer.
F. Replies from WPS Health Solutions will usually come to the email addresses from which you sent the original message. You should not expect to be able to initiate email from one address and receive the reply at a different address.
G. WPS Health Solutions staff, other than the intended recipient, may read and process email.
H. Messages and responses may be documented in the member's record.
I. ***WPS Health Solutions will not be liable for information lost or misdirected due to technical errors or failures.***

WPS Health Solutions recommends the following confidentiality statement be included in all emails between WPS Health Solutions and members:

NOTE: This communication may contain information that is legally protected from unauthorized disclosure. If you are not the intended recipient, please note that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, you should notify the sender immediately by telephone or by return email and delete this message from your computer.

Video and Audio Conferences:

Members and/or personal representatives who participate in video conferences with WPS Health Solutions should consider all of the following issues before signing an *Authorization to Use or Disclose Protected Health Information via Electronic Means:*

1. While interactive video and audio teleconferences use equipment and telecommunications lines may have been approved for secure use by WPS Health Solutions, complete privacy and security cannot be guaranteed.
2. Pertinent personal information, which may include, if applicable, HIV status, mental illness, chemical dependency, substance abuse, developmental, genetic, and workers compensation issues, may be communicated during the video or teleconference.
3. WPS Health Solutions staff other than your health care provider may have access to the teleconference recordings and video or electronic transmissions.
4. WPS Health Solutions will not be liable for information lost or misdirected due to technical errors or failures.