AUTHORIZATION
TO RELEASE PHARMACY RECORDS

Form PO157
Rev. 2016

Patient Name: _____ Birth Date: _____ Phone No.: _____

Address: _____

_____

City State Zip Code

I request and authorize **Meijer Pharmacy** to release and disclose information maintained by the pharmacy including: ***Check each box that apply***:

	Prescription history		Billing history
	Immunization records		Medical records
	Expenses for Taxes for Year:		Expense total for HUD, dates:
	All Records		**For date range:**

I understand these records may contain information created by other persons or entities, including physicians and other health care providers as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes), reproductive health services, and treatment for sexually transmitted diseases.

Records may be released to:
Self at address above

Address:
Self

Phone:

The purpose of this request is being made either at the request of the individual or: _____
I may revoke this authorization, at any time, by sending a written revocation to the Meijer Privacy Specialist at the address below. The revocation will not apply to records that have already been released by the pharmacy under this authorization. I understand Meijer will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this form. I understand after Meijer Pharmacy releases the information identified above, the recipient could re-disclose the information and it is no longer protected by privacy laws. I understand I may receive a copy of this authorization after I sign it. A photocopy of this authorization shall be considered valid as the original.

Patient Signature	Date	Expiration Date

*If signed by someone other than the patient, please indicate your authority to sign, such as the parent of a minor, *Power of Attorney, *legal guardian, *estate executor, or *personal representative.*

Supporting documentation must be provided.

Meijer Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-3704. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-543-3704。LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-543-3704. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-543-3704. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم1-800-543-3704.

You may submit this form to your local pharmacy, e-mail: privacyspecialist@meijer.com, fax: 616-791-5332, or mail to: Meijer Privacy Specialist, 2929 Walker Avenue, Grand Rapids, MI 49544