# Compass - Forms Members Can Submit to Authorize Access and Release of Information for Their Account

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**Description:** Information about Authorization forms to guide CCRs when consulting with members on available options.

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| **General Information** |

Safeguarding the Protected Health Information (PHI) of our callers is very important. Customer Care does not share PHI with anyone except the member unless special permission has been granted. This document provides information about the types of forms that a member can submit to authorize access to and release of their Protected Health Information (PHI).

**Note:** For Med D beneficiaries, authorization forms can be found in various locations. Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b).

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| **Types of Authorization Forms** |

There are different types of authorization forms that may address the members’ needs:

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| **Form Type** | **Timeframe Valid** | **Uses** |
| One-time Authorization Release Form | * One-time access * Expires after 90 days | Authorizes only the release of information. Does not allow the designated individual to take any action on a member’s behalf or with respect to the member’s account.  It authorizes a one-time release of PHI to the designated person, organization, or entity. For example, member requests their prescription history be provided to a law firm for litigation purposes. |
| Extended Authorization Release Form | * Repeated access * Expires one year after date written by member on form, **OR** if no date specified, one year following termination of the member’s benefits with PBM | Authorizes only the release of information. Does not allow the designated individual to take any action on a member’s behalf or with respect to the member’s account, unless specifically outlined in the form.  It is used when the member wants to allow someone else ongoing access to their PHI. This form also allows the member to outline in the authorization form what information the designated individual is allowed to access and for what purpose.  **Example:** A member wants to allow a trusted family member or caretaker to have access to their order status. |
| Power of Attorney (POA) | Valid until authorization is revoked or member is deceased. | Power of Attorney is a legal document that authorizes the designated individual to manage **ALL** aspects of a member’s account. This form should be suggested in instances when the member feels a representative should have access to unlimited PHI and authorization to make changes to the account, such as address and payment changes.  See also: [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c).  For **MED D beneficiaries**, refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b). |
| Legal Guardian | Valid until authorization is revoked or member is deceased. | Guardianship is a legal right given to a person to be responsible for the food, health care, housing, and other necessities of a person deemed fully or partially incapable of providing these necessities for himself or herself.   * Who have a physical or mental problem that prevents them from taking care of their own basic needs. * Who as a result are in danger of substantial harm; and * Who has no person already legally authorized to assume responsibility for them.   This right authorizes the designated individual to manage **all** aspects of a member's account.  This is a legal document, similar to POA, that needs to be provided to Caremark. For mailing addresses see [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c). |
| Legal Conservator | Valid until authorization is revoked or member is deceased. | A conservatorship is a legal right given to a person to be responsible for the assets and finances of a person deemed fully or partially incapable of providing these necessities for himself or herself.  This right authorizes the designated individual to manage **all** aspects of a member’s account.  This is a legal document, similar to POA, that needs to be provided to Caremark. For mailing addresses please see [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c). |
| MED D Appointed Representative (AOR) | See specific work instructions. | Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b). |

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| **Requesting an Authorization Form** |

Perform the following steps when a fully authenticated caller requests an authorization form:

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| **Step** | **Action** | |
| **1** | Identify the type of form requested. Refer to the [Types of Authorization Forms](#_Types_of_Authorization) section above for guidance. | |
| **If…** | **Then…** |
| Power of Attorney | Refer to [Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c) for more information and steps to submit required paperwork. |
| One-Time Authorization Release Form | Submit a request through the **Member Resources** link on the Claims Landing Page. Refer to [Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662) or advise the caller that one-time authorization forms are available for download on the member portal.   * If the caller prefers to have the form mailed, proceed to the next Step. |
| Extended Authorization Release Form | Advise the caller that Extended authorization release forms are available for download on the member portal.   * If the caller prefers to have the form mailed, proceed to the next Step. |
| **2** | From the **Case Data** section at the top of all Compass screens, click the **Create Support Task** button, then make the following selections to create a Fulfillment Request Support Task:   * **Task Type:** Fulfillment * **Type of Form:** Authorization Release Form * **Requested Info:** Extended-Release Form or One Time Release Form   Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) as needed. | |
| **3** | Verify the shipping address for the form and add detailed notes. | |
| **4** | Click **Save and Close**. | |
| **5** | Inform the member that the request has been sent for an authorization form to be mailed to them. Completed forms should be mailed to the address provided on the form:  **CVS Caremark**  **Attn: Research Department**  **P.O. Box 6590**  **Lee’s Summit, MO 64064** | |

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| **Viewing Authorizations on File in Compass** |

Complete the steps below:

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| **Step** | **Action** | | |
| **1** | Look for the **Padlock** icon in the **Member Details** panel on the Member Snapshot Landing Page.    **Notes:**   * If there is a Privacy Record, this **Padlock** icon will also appear on the **Authentication Information** screen. Refer to [Compass - Guided Caller Authentication (050163)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13). * If there is not a **Padlock** icon, this indicates that there are no privacy records located on the member’s account.   **Exception:** For Medicare D members, if the **Padlock** icon is **not** displayed, view **Medicare** **D Alerts**. Refer to [Compass MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b). | | |
| **If the Padlock icon…** | **Then...** | |
| Displays | There is a Privacy Record on file for the member.   * From the **Member Snapshot** tab, click **Privacy Records** in the **Quick Actions** panel.     **Result:** The **Privacy Records** section displays. | |
| Does NOT display | The **Privacy Records** section will display the following message: “No Records Found.” | |
| **2** | Locate the Privacy Record that corresponds with the inquiry, click the **Row Level Action** drop-down arrow, and click **View**.    **Result:** The View Privacy Information screen displays the type of authorization and the relationship to the member.  Refer to the table below as needed: | | |
| **Section Type** | | **Description** |
| **Privacy Records** | | All active and inactive Privacy Records (authorization forms sent in by the member) will display in descending order by expiration date.  **Note:**   * If the Expiration date displays 12-31-9999, this indicates that the Privacy Record is valid until the member’s death or if revoked. * If the Privacy Record **expires**, it is no longer valid. * Privacy Records will display the following fields:   + Name   + Address   + Phone Number   + Effective Date   + Expiration Date   + Privacy Type   + Password |
| **Medicare D Alerts** | | All **Medicare D Alerts** will display in order of most recently added and provide information about letters sent to the member (displayed within the **Details** column).  **Notes:**   * Filter by using **Search by Keyword**and/or**Date Range** * If no **Medicare D Alerts** are available, the following message displays: “No Records Found.” * Medicare D Alerts will display the following fields: * Create Date * Created By * Details * Medicare D Alerts Details will display alerts pertaining to member’s Medicare D account: * Privacy Record * Demographic Information (**Example:** OOA) * Enrollment/Disenrollment * Any other information noted in the Medicare D Alerts panel. |
| **3** | Review the information available on the View Privacy Information screen. The following data will be displayed:   * Privacy Type * Legal Reason * Password * Authorized Company * First, Middle, Last Name * Phone Number and Extension * Address: Line 1, 2, 3, City, State, and Zip Code * Effective and Expiration dates * Created By * Created Date * Updated By * Updated Date * Comments   **Example:** TPA - Husband.  **Note:** If an Extended Authorization form is on file, a POA document is necessary for changes to be made on the account.The Extended Authorization form only authorizes the release of information. It does not allow the designated individual to take any action on a member’s behalf or with respect to the member’s account, unless specifically outlined. | | |

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| **Turn Around Time** |

The turnaround time for Authorization Forms to show on file is up to 10 business days from the time that the Research team receives all the properly completed documentation.

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| **Sample Authorization Forms** |

* [One-Time Authorization of Protected Health Information (PHI) Form – English (004676)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=548fb4f3-6608-496b-9ed7-1864acfc7f5b)
* [One-Time Authorization of Protected Health Information (PHI) Form – Spanish (064397)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=71eebc9e-6dce-4b54-9bac-b0597048accc)
* [Extended Authorization of Protected Health Information (PHI) Form – English (064395)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7d5992f4-d8e0-4127-acbf-27c1c5f9b1f5)
* [Extended Authorization of Protected Health Information (PHI) Form - Spanish (064396)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d4bf514b-7c96-48ec-abaf-e084a1d51218)
* [41417A Authorized Person Form Cover Letter (118073)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c2da0ed-ab22-44e6-ab62-1c7eaee9c498)
* [41417B Authorized Person Form (118074)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=67fa2bf5-6fcb-4c26-910e-fa2017021122)

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| **Related Documents** |

[Compass - Guided Caller Authentication (050163)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13)

[Compass - Power of Attorney (POA) (053889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1157152c-6ca0-42d3-8d0c-87135b979b2c)

[Compass MED D – Appointed Representative Form (AOR) or Power of Attorney (POA) (061884)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64c3fc62-48c3-4ad3-ae83-c736cebd521b)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass - Member Resource Orders, Fulfillment Support Tasks, and Statement of Cost (SOC) Requests (056893)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7bd8dfef-b12e-401e-9c4e-1e67e9a6a662)

**Parent Document:** [CALL-0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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