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

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**Description:** Provides information about the types of forms that a member can submit to authorize access to and release of their Protected Health Information (PHI).

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| Types of Authorization Forms |

Safeguarding the Protected Health Information (PHI) of our callers is important. Customer Care does not share PHI with anyone except the member unless special permission has been granted.

**Med D beneficiaries**: Authorization forms can be found in various locations: MedHOK, FACETS and PeopleSafe. Refer to [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (021424](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718)).

**Note:** Parents/Guardians may approve an Authorization Form for minor children; however, this **does not** override the rules and restrictions for minors. Refer to the [HIPAA grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

There are three primary types of authorization forms that may address the member’s needs:

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| **Form Type** | **Timeframe Valid** | **Uses** |
| One-time Authorization Form | * One-time access * Expires after 90 days | Authorizes only the release of information but 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 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 but 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 on the authorization form what information the designated individual is allowed to access and for what purpose. For example, a member wants to allow a trusted family member or caretaker to have access to their order status. |
| Power of Attorney | Valid until authorization is revoked or member is deceased. | Power of Attorney is a legal document, which 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.  Refer to:  [Power of Attorney (POA( (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1)  For **MED D beneficiaries**, refer to [MED D- Appointed Representative Form (AOR) or Power of Attorney (POA) (021424)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718). |
| Legal Guardian | Valid until authorization is revoked or member is deceased. | A 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 themselves.  This right authorizes the designated individual to manage **all** aspects of a member's account.   * 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 have no person already legally authorized to assume responsibility for them. |
| 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 themselves.  This authorizes the designated individual to manage **all** aspects of a member's account. |
| MED D Appointed Representative (AOR) | See specific work instructions. | Refer to [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (021424)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718) for details. |

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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 [Types of Authorization Forms](#_Types_of_Authorization) for guidance. | |
| **If…** | **Then…** |
| Power of Attorney | For more information and steps to submit required paperwork Refer to:  [Power of Attorney (POA) (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1) |
| One-Time Authorization Form | Advise the caller that one-time authorization forms are available for download on Caremark.com.   * If the caller prefers to have the form mailed, proceed to the next step. |
| Extended Authorization Form | Proceed to the next step. |
| **2** | Verify on the **View Activity** screen that the Authorization Form has not already been requested. | |
| **3** | Create an RM Task:   * Task category: **Fulfillment** * Task type: **Authorization Release Form** * Requested Information: Select **Extended-Release Form** or **One Time Release Form** | |
| **4** | Select either **Extended-Release Form** or **One Time Release Form** in the Requested Information field. | |
| **5** | Verify the shipping address for the form and add detailed notes. | |
| **6** | Click **Save and Close**. | |
| **7** | Inform member the request has been sent for an authorization form to be mailed to them.  **Note**: All documentation for POA’s, authorizations, legal conservatorship, and legal guardians need to be sent to this address.  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  **Note:** Advise the member that the turnaround time for the authorization form request can take up to three (3) business days to process in addition to the time it takes to receive it in the mail. | |

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| Viewing Authorizations on File in PeopleSafe |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Access the PeopleSafe account for the member in question. | |
| **2** | Look for the **padlock icon** on the **Main Screen**. | |
| **If the icon...** | **Then...** |
| Displays | Click on the Padlock Icon.  **Result:** Displays the Authorization Information. |
| Does not display | From the main screen in PeopleSafe, click on **Maintain Patient Profile**, then click **View Privacy Information**.   * Review the High Priority Comments for any restrictions or authorizations that may have been added to the account. |
| **3** | Review the information to ensure the person listed matches the inquiry.  The screen displays the name, address and phone number of the person who is authorized. The effective and termination dates will also be provided. If 12-31-9999, this indicates an indefinite authorization. | |
| **4** | Click the radio button next to the person’s name and click **More Details**.  **Result:** Screen displays the type of authorization and the relationship to the member. | |

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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)
* [Authorized Person Form Cover Letter (118073)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2c2da0ed-ab22-44e6-ab62-1c7eaee9c498)
* [Authorized Person Form (118074)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=67fa2bf5-6fcb-4c26-910e-fa2017021122)

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| Related Documents |

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

Caremark.com – [Forms](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0bbf55de-6048-4d78-be0e-e40dde8f724b) for Print and Adobe Reader (038391)

[HIPAA (Health Information Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

[Power of Attorney (POA) (044584)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=73866a13-cfa1-4deb-98d5-1373c8dc6cf1)

**Parent Documents:**

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

[CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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