



HIPAA Release Fax Request Template:

UnitedHealthcare Community Care Plan is requesting protected health information from you concerning **member name: date of birth:** in order to fulfill certain health care operations. It is our understanding that you are concerned about releasing the information to us without a written consent from UnitedHealthcare that is signed by the enrollee. Our Case Management efforts are intended to support the medical care this member is receiving from you.

The privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are the federal rules that govern the privacy of an enrollee's protected health information (PHI), and also establish requirements for use and disclosure of PHI by providers and health plans in connection with their "health care operations" activities. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without an enrollee's authorization or consent, under certain circumstances. Under this provision, you are permitted to disclose PHI to UnitedHealthcare when requested for purposes including, but not limited to:

- Case Management and care coordination
- Benefit determination or coverage review
- Quality assessment
- Evaluating health plan performance
- Accreditation (e.g., HEDIS reporting), certification, licensing and credentialing activities.

In adopting this provision of HIPAA, the Department of Health and Human Services explicitly recognized in the preamble to the HIPAA privacy regulations that health plans may need to obtain PHI from health care providers for the plans' quality related activities, accreditation, and performance measures, such as Health Plan Employer Data and Information Set (HEDIS). HHS confirmed that the provision "was intended to allow information to flow from one covered entity to another for activities important to providing quality and effective health care."

It is UnitedHealthcare's position that a signed consent form from the member is not required under the HIPAA privacy rule for you to release the requested information to UnitedHealthcare.

Please submit the requested information to me at the below fax number. If you have any questions, please contact me at 1-800-404-6789. Thank you for your cooperation.

Sincerely,

Assigned Case Manager's Name
Virtual Community Health Worker
Phone: Assigned Case Manager's Phone Number
Fax: Assigned Case Manager's Fax