HIPPA RELEASE OF INFORMATION AURTHORIZATION

I ____ hereby authorize Cure Partners LLC and its affiliates, its employees and agents (collectively), to release to Say Yes to Hope my personal health information maintained by which identifies my name, address, Member ID number except the following information about me. I understand that any personal healthy information or other information released to the person or organization identified above my be subject to redisclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

______ This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn.

______ I understand that I have a right to revoke this authorization by providing written notice to Cure Partners LLC. However, this authorization may not be revoked if, it's employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

______ I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Member: ________________________________ Signature: ______________________________ Date: ____________________________________

Organization: ___________________________________

If applicable, Legal Representatives sign below: By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to authorization form.

Name of Legal Representative: _______________________________________

Signature of Legal Representative: ____

Date: _______________________________________

Name of Witness: ____

Signature of Witness: ____