

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION

By creating an account on MSP Recovery, you are signing this HIPAA Compliant Authorization for the Release of Patient Information (Authorization) electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Authorization. By consenting to this Authorization you agree that your e-signature can be produced on this Authorization. You further agree that your use of a keypad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide MSP Recovery, or in accessing or making any transaction regarding any agreement, acknowledgment, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and MSP Recovery.

Pursuant to 45 CFR 164.508 and applicable state laws, I authorize and request the disclosure of all protected information for the purpose of maintenance, storage, and disclosure to medical providers in connection with the delivery of medical treatment. I expressly request that the designated record custodian of all covered entities under HIPAA disclose full and complete protected medical information including the following:

All past, present and future medical records, meaning every page in my record, including but not limited to: office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, order sheets, progress notes, nurse's notes, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, videotapes, telephone messages, and records received by other medical providers. All physical occupational and rehab requests, consultations, and progress notes. All disability, Medicaid or Medicare records including claim forms and record of denial of benefits. All pharmacy/prescription records including NDC numbers and drug information handouts/monographs. All employment, personnel or wage records. All autopsy, laboratory, histology, cytology, pathology, immunochemistry records and specimens; radiology records and films including CT scan, MRI, MRA, EMG, bone scan, myelogram; nerve conduction study, echocardiogram and cardiac catheterization results.

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This protected health information is disclosed for the following purposes: emergency and non-emergency medical treatment.

This Authorization is given in compliance with the federal consent requirements for release of alcohol and substance abuse records of 42 CFR 2.31. the restrictions of which have been specifically considered and expressly waived. You are authorized to release the above records to MSP Recovery.

I understand the following:

1. I have a right to revoke this Authorization in writing at any time, except to the extent information has been released in reliance upon this Authorization. To de-authorize email info@msprecovery.com from the email address associated with your account.
2. My treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this Authorization.
3. The information released in responses to this Authorization may be re-disclosed to other parties, including EMS personnel.
4. This Authorization shall be in force and effect until two years from the date of execution at which time this Authorization expires.
5. With this Authorization MSP Recovery will be able to use my Social Security Number in order to verify my insurance coverage, and this verification will allow MSP Recovery to retrieve records related to medical history.