



SHARP, Inc.

St. Bernard's Medical Practices

**Narcotic Continuation Appeal – Patient Consent Form**



**Patient Name :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Member ID Number:** \_\_\_\_\_

**Stated Purpose for this release:** SHARP, Inc. will communicate with my physician regarding my Protected Health Information, specifically pursuant to processing this Narcotic Continuation Appeal for continued medical benefits under my plan coverage through St. Bernard's Medical Practices.

I hereby give my consent to SHARP, Inc. to communicate with my physician, and for my physician to disclose my medical information to SHARP, Inc., during the period from: effective the date I sign below to date of completed appeal response to me.

\_\_\_\_\_  
**Name of Physician**

As the recipient of my Protected Health Information, SHARP, Inc. is prohibited from using this information for any other purpose other than the stated purpose.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Relationship**



**SHARP, Inc**

**St. Bernard's Medical Practices**

**Narcotic Continuation Appeal Form**

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Prescribing Physician:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**PATIENT'S DESIRED NOTIFICATION OF DECISION BY:**

**Secure email** \_\_\_\_\_ **or**

**Secure fax number** \_\_\_\_\_ **or**

**Mailing address** \_\_\_\_\_

**Items required for appeal:**

- 1) Patient's medical record
- 2) Patient's signed consent to communicate with physician regarding patient's protected health information
- 3) Letter from physician stating diagnosis and reason for continuation for drug use
- 4) Patient's desired notification of decision by: secure e-mail, secure fax number or mailing address

**Fax or mail to:** SHARP, Inc.  
 ATTN: Medical Management – N.A.  
 P.O. Box 7097  
 Jonesboro, AR 72403  
 (870) 972-0036 (Fax)