SPECTRUM ROI ACCESS
Multiple User ATTACHMENT
Fax to: (855) 299-4822

Beacon SPECTRUM HEALTH RECORD			
Member Last Name	Member First Name	Member ID#	Member DOB

Provider Site or Agency Name:	
Provider ID#:	
ADDRESS:	
Phone:	

PLEASE GRANT SPECTRUM ACCESS TO THE FOLLOWING INDIVIDUALS AT THE ABOVE Provider Site or AGENCY

The Provider Site or AGENCY HAS A SIGNED ROI ON FILE GRANTING MY PERMISSION FOR ACCESS TO SPECTRUM FOR THE BELOW INDIVIDUALS

ACCESS CAN BE GRANTED TO the Below Individuals and FOR THE ITEMS I HAVE CHECKED AND INITIALED BELOW

	SPECTRUM USER ID	Last Name	First Name	Phone	E-Mail	Relationship to Member	Release Mental Health	Release Physical Health	Release HIV	Release Substance Abuse	Member Initials
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											