

## Request a Copy of Your Records

Use this form to ask for a copy of a member or applicant's personal information in our files.

### Instructions

Do one of the following:

- Call Customer Service at 800-508-4722 (TTY: 711) if you need:
  - a copy of an Explanation of Benefits (EOB) for a claim
  - information on a claim
  - a summary of claims that we have paid for the member
  - a copy of the member's enrollment application
  - certification (proof) of the member's health coverage
- Fill out the included form to get a copy of any other Premera record we may have in our files. If you have questions on how to use this form, contact Customer Service.

**Note:** Not all requests will be granted. For example, federal law may not allow us to release certain records.

### Notice of Privacy Practices

Our Notice of Privacy Practices describes how we may use and disclose member personal information and members' rights concerning it. This notice is on our website at [www.premera.com](http://www.premera.com). If you need a paper copy, call Customer Service at 800-508-4722 (TTY: 711).

## Request a Copy of Your Records

Please fill out all the information below. **Print clearly.** Make a copy for your records and mail the completed form to:

Premera Blue Cross Blue Shield of Alaska  
P.O. Box 91102  
Seattle, WA 98111

**Please note:** We will mail your copies within **30** days of getting this form, unless we notify you in writing within those 30 days that we need 30 more days and why. We will also let you know if we need to charge a fee for any copies.

### MEMBER INFORMATION

Member name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First name / Middle initial/ Last name Month Day Year

Subscriber name: \_\_\_\_\_  
First name / Middle initial/ Last name

Subscriber ID number: \_\_\_\_\_

### YOUR INFORMATION (if not the member)

**Important:** If you are not the member, you must be the member's parent, legal guardian, or holder of Power of Attorney (POA). If you are the legal guardian or holder of POA, please send legal proof with this form.

Your name: \_\_\_\_\_  
First name Middle initial Last name

Your relationship to the member: ☐ Parent\* ☐ Legal guardian ☐ Holder of POA

### MAILING ADDRESS

Tell us to whom and where you want us to send copies and other mail for this member:  
Send to (check one): ☐ Member ☐ Parent, legal guardian, or holder of POA ☐ Another Person

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

### TYPE OF INFORMATION YOU ARE REQUESTING

Please describe the information you are asking for:

Date(s) of the record(s): \_\_\_\_\_

Provider(s) name(s): \_\_\_\_\_

Medical condition: \_\_\_\_\_

Service or Treatment: \_\_\_\_\_

Give a general Description of the information: \_\_\_\_\_

**WHO MUST SIGN THIS FORM?**

- For a member age 17 or younger: the parent or legal guardian (*for members age 13-17, authorization required for genetic information- if parent or legal guardian signs for minor*).
- \*For a member age 18 or older: the member or POA (unless a court has appointed a legal guardian).

**SIGNATURE**

Sign your name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Print your name: \_\_\_\_\_

## Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

**Discrimination is against the law.** Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.