

Authorization for Release of Psychotherapy Notes

Fill out this form to let us share notes that a mental health provider made during counseling or therapy sessions. The provider keeps these notes as a record of treatment and progress. Without this release, we would not share these notes, in most cases.

Instructions

Note: You may have to call the mental health provider to get copies of psychotherapy notes. We do not usually get or keep copies of them.

Make sure to tell us:

- whom you want to receive a copy of the psychotherapy notes
- how these notes are to be used

If you have questions about this form, please call Customer Service at 800-508-4722 (TTY: 711).

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. If you need a paper copy, call Customer Service at 800-508-4722 (TTY: 711).

Authorization for Release of Psychotherapy Notes

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

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 (Release Psychotherapy Notes to)

Tell us to whom and where you want us to release the Psychotherapy notes to 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

INFORMATION TO RELEASE: I allow Premera Blue Cross and its affiliates (the "Company") to release psychotherapy notes only to the person or organization that I listed, above. I understand that the Company needs my written authorization to release these records.

REASON FOR RELEASE:

- ☐ At the member's request
- ☐ Other (Please state the specific date, time period and event or condition: for example, a research study): _____

WHO MUST SIGN THIS FORM?

- For a member age 17 or younger: the parent or legal guardian
- *For a member age 18 or older: the member or POA (unless a court has appointed a legal guardian)

SIGNATURE

By signing my name, below, I understand and agree to the following:

CANCELLING THIS AUTHORIZATION: I may change my mind and cancel this release at any time by writing the Company. After the Company gets my written notice, the Company will cancel this release within five (5) business days. During these five days, the Company may have shared some or all of my information. The Company is not liable for this information.

SHARING THIS INFORMATION: The person or organization that receives these notes may be able to share them. State and federal privacy rules may no longer protect them.

DURATION OF RELEASE: This release lasts for twenty-four (24) months from the signature date, below, or as stated, above, under "Reason for Release," unless I write to cancel it.

RIGHT OF REFUSAL: I have the right NOT to sign this authorization. My refusal to sign this form will not affect the member's enrollment in a health plan or eligibility for health benefits.

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. 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>.