

How to Request a Record of Premera Disclosures

We sometimes have to disclose (share or give out) member or applicant information to others. You may ask for a list of disclosures we made about the member in the past six years. Not all requests will be granted. Please see the list of exceptions, below.

Instructions

Fill out this form to ask for a record of disclosures not in the list, below. If you have questions about this form, contact Customer Service at 800-722-1471 (TTY: 711).

Note: The first request in any 12-month period is free. If we need to charge a small fee for any other requests in this period, we will let you know.

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 800-722-1471 (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
P.O. Box 91102
Seattle, WA 98111

Members have the right to ask for a record of when and with whom we shared their medical and financial information. Members can get a list of these going back six years from the date of a request. Not all requests will be granted. Exceptions include disclosures:

- for treatment, payment, and healthcare operations
- made to the member, their legal guardian, or holder of Power of Attorney (POA)
- approved by the member, their legal guardian, or holder of POA
- for research or public health purposes
- for national security or intelligence reasons
- to the police or prisons about someone in custody
- arising from a disclosure that the law allows

To exercise this right, fill out this form.

Please note: We will respond to your request within 60 days of getting this form unless we notify you that we need 30 more days.

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 the disclosure record 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: _____

DISCLOSURE PERIOD

Please state the disclosure period. The start date can be no more than six years before today's date.

From: ____/____/____
Month Day Year

To: ____/____/____
Month Day Year

WHO MUST SIGN THIS FORM?

- For a member age 12 or younger: the parent or legal guardian
- *For a member age 13 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 800-722-1471 | TTY: 711

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

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

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。

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

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

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

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

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ ដើម្បីទទួលបានសេវាផ្សេងៗ។

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。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ሙሉረዎዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

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.

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

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 (Premera) complies with applicable Federal and Washington state 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, sex, sexual orientation, or gender identity. 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, sex, sexual orientation, or gender identity, 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.