

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 800-508-4722 (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 800-508-4722 (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

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 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

Sign your name: _____ Date: ____/____/____
Month Day Year

Print your name: _____

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, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the 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, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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>.

Language Assistance

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (телетайп: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-508-4722 (TTY: 711)。

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.