How to Request a Record of Premera Disclosures FEP

Instructions

Fill out this form to request a record of disclosures (sometimes called a "list") of certain times we shared a member's information with someone outside of our organization. Some types of disclosures are not included, as described below**. If your request meets the requirements, we will provide a record of disclosures made within the past six years.**

Cost information

- Your **first request in any 12-month period is free.**
- If there is a fee for additional requests during the same 12-month period, we will let you know before charging you.

Important Information About Records of Disclosures

In certain situations, the law allows us to share member or applicant information with others. Because of these legal allowances, **not all requests for a record of disclosures can be fulfilled.**

We **do not provide** records of disclosures made for the following purposes:

- Treatment, payment, or health care operations
- Disclosures made directly to the member, their legal guardian, or a holder of Power of Attorney (POA)/Legal Representative
- Disclosures approved by the member, their legal guardian, or POA/Legal Representative.
- Research or public health purposes
- National security or intelligence purposes
- Law enforcement or correctional facilities when someone is in custody
- Disclosures that the law otherwise allows

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 the number listed on the back of your Member ID card.

Questions? Call Customer Service:

FEHB: 800-562-1011 (TTY: 711)
PSHB: 800-550-1722 (TTY: 711)

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Instructions

- Please fill out all the information below.
- **Please print clearly**.
- Make a copy for your records and send the completed form in one of three ways:
  1. Secure Messaging through your MyBlue account at fepblue.org
  2. Fax: 877-202-3149
  3. Mail: FEP Appeals, PO Box 91058, Seattle, WA 98111-9158

Members have the right to ask for a record of when and with whom we shared their medical and financial information. **If your request meets the requirements, we will provide a record of disclosures made within the past six years.** In certain situations, the law allows us to share member or applicant information with others. Because of these legal allowances, **not all requests for a record of disclosures can be fulfilled**. We do **not** provide records of disclosures made for the following purposes:

- Treatment, payment, or health care operations
- Disclosures made directly to the member, their legal guardian, or a holder of Power of Attorney (POA)/Legal Representative
- Disclosures approved by the member, their legal guardian, or POA/Legal Representative.
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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.

A. Member information

Member's name: first name, middle initial, last name	Member's date of birth (mm/dd/yyyy)
Subscriber's name: first name, middle initial, last name	Subscriber ID number

B. Your information if you are not the member

Important: If you are not the member, you must be the member's parent, legal guardian, or holder of the 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
I am not the member. I am the (select one): ❍ Legal guardian ❍ Parent ❍ Holder of Power of Attorney/Legal Representative (must attach supporting legal documentation)

C. Mailing address – Tell us to whom and where you want us to send the disclosure record for this member.

Send to - select one ❍ Member ❍ Parent, legal guardian, or holder of the POA ❍ Another person			
Full name: first name, middle initial, last name			
Mailing address	City	State	ZIP code
Daytime phone – include area code			

D. Disclosure period

Please state the disclosure period. The start date can be no more than 6 years before today's date.	
From date (mm/dd/yyyy)	To date (mm/dd/yyyy)

E. Signature – Print this form then sign it below.

Who must sign this form

- For a member aged 12 or younger, the parent or legal guardian can sign.
- For a member aged 13 or older, the member must sign, unless a court with jurisdiction has deemed the member incapable of consenting to his or her own services and has appointed a legal guardian.

Sign your name X_____	Printed name Date signed (mm/dd/yyyy)