

# Record of disclosures

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## REQUEST RECORD OF DISCLOSURES

Please fill out all the information below. **Print clearly.** Make a copy for your records.

Mail the completed form to:  
 Premera Blue Cross Medicare Advantage Plans  
 PO Box 262548  
 Plano, TX 75026

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
- approved by the member, their legal guardian, or holder of power of attorney
- 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 within 60 days of getting this form, unless we notify that 30 more days are needed.

<b>Member information</b>	Member name <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div> (first, middle initial, last)
	Date of birth <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div>
	Member ID number <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div>

<p><b>Your Information</b></p> <p>(if not the member)</p>	<p>Your name _____ (first, middle initial, last)</p> <p>Relationship to member <input type="checkbox"/> Parent  <input type="checkbox"/> Legal guardian  <input type="checkbox"/> Holder of power of attorney</p> <p><b>Important:</b> If you are not the member, you must be the member's parent, legal guardian or holder of power of attorney. If you are the legal guardian or holder of power attorney, please send legal proof with this form.</p>
<p><b>Send disclosures to</b></p>	<p>Full name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p><b>Information to release:</b> I allowPremera 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 writtenauthorization to release thse records.</p> <p><b>Reason for release:</b>  <input type="checkbox"/> At the member's request  <input type="checkbox"/> Other (Please state the specific date, time period and event or condition: for example, a research study.)</p>
<p><b>Signature</b></p>	<p>Please state the disclosure period. The start date can be no more than six years before today's date.</p> <p>From ___/___/___ To: ___/___/___</p> <p><b>Who must sign this form:</b></p> <ul style="list-style-type: none"> <li>• For a member age 12 or younger: the parent or legal guardian</li> <li>• For a member age 13 or older: the member (unless a court has appointed a legal guardian)</li> </ul> <p>Signature _____</p> <p>Printed name _____</p> <p>Date (MM/DD/YYYY) _____</p>

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

## 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, 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, Premera Blue Cross Medicare Advantage Plans - Complaints & Appeals, PO Box 262527, Plano, TX 75026, Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711, 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, 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>. 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>.

## Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 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 888-850-8526 (TTY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-850-8526 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-850-8526 (TTY: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-850-8526 (телетайп: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-850-8526 (TTY: 711).

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

Телефонуйте за номером 888-850-8526 (телетайп: 711).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 888-850-8526 (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。888-850-8526 (TTY:711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 888-850-8526 (መስማት ለተሳናቸው: 711)።

**XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-850-8526 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-850-8526 (رقم هاتف الصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-850-8526 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-850-8526 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-850-8526 (TTY: 711).

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