

Record of disclosures

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 211151
Eagan, MN 55121

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.

Member information	Member name	<hr/> (first, middle initial, last)
	Date of birth	<hr/>
	Member ID number	<hr/>

<p>Your Information</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>Important: 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>Send disclosures to</p>	<p>Full name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Information to release: 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>Reason for release: <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>Signature</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>Who must sign this form:</p> <ul style="list-style-type: none"> • For a member age 12 or younger: the parent or legal guardian • For a member age 13 or older: the member (unless a court has appointed a legal guardian) <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.

Notice of availability and nondiscrimination 888-850-8526 | 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.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

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 ሙሳሪያዎችን 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.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

Discrimination is against the law. Premera Blue Cross (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, 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, Premera Blue Cross Medicare Advantage Plans, PO Box 21481, Eagan, MN 55121, Phone: 888-850-8526, TTY: 711, Fax: 800-889-1076, 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>.

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