

Release of psychotherapy notes

AUTHORIZATION FOR RELEASE

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

Please note: We will mail your copies within 30 days of getting this form, unless we notify you in writing within those 30 days that we need 30 more days and why. We will also let you know if we need to charge a fee for any copies.

Member information	Member name _____ <div style="text-align: center;">(first, middle initial, last)</div> Date of birth _____ Member ID number _____
Your Information (if not the member)	Your name _____ <div style="text-align: center;">(first, middle initial, last)</div> Relationship to member <ul style="list-style-type: none"> <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Holder of power of attorney <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>

Release psychotherapy notes to	<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:</p> <p><input type="checkbox"/> At the member’s request</p> <p><input type="checkbox"/> Other (Please state the specific date, time period and event or condition: for example, a research study.)</p>
Signature	<p>By signing my name, below, I understand and agree to the following:</p> <p>Cancelling this authoriazation: I may change my mind and cancel this release at any time by writing the Company. After the Company gets my written notice, the Company will cancel this release within five (5) business days. During these five days, the Company may have shared some or all of my information. The Company is not liable for this information.</p> <p>Sharing this information: The person or organization that receives these notes may be able to share them. State and federal privacy rules may no longer protect them.</p> <p>Duration of release: This release lasts as stated, above under “Reason for Release,” unless I write to cancel it.</p> <p>Right of refusal: I have the right NOT to sign this authorization. My refusal to sign this form will not affect the member’s enrollment in a health plan or eligibility for health benefits.</p> <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 civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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, or sex, 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. 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

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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ 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。

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

XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila 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: ຖ້າ ຈຳ ົ ທ ົ າ ນ ວ ົ າ ພ າ ສ າ າ ວ, ກ າ ນ ບ ົ າ ກ າ ນ ຊ ົ າ ວ ຂ ທ ົ າ ອ ດ ົ າ ນ ພ າ ສ າ, ໂ ດ ຍ ບ ົ າ ສ ົ າ າ, ແ ມ ົ າ ນ ມ ົ າ ອ ມ ົ າ ທ ົ າ ນ. ໂ ທ ສ 888-850-8526 (TTY: 711).