

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 211151
Eagan, MN 55121

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 | (first, middle initial, last) |
| | Date of birth | |
| | Member ID number | |
| Your Information | Your name | (first, middle initial, last) |
| (if not the member) | Relationship to member | <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Holder of power of attorney |
| | 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. | |

| | |
|--------------------------------------|---|
| Release psychotherapy notes to | <div>Full name _____</div> <div>Address _____</div> <div>City, St, Zip _____</div> <div>Phone _____</div> <div>Fax _____</div> |
| | <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> <div> <div>Signature _____</div> <div>Printed name _____</div> <div>Date (MM/DD/YYYY) _____</div> </div> |

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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.

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