

# Non-Disclosure Request

Once you completely fill out this form and return to Premera Blue Cross Blue Shield of Alaska (Premera) we will not share your personal protected information (PPI) with the person you name.

## 1 Member's Information:

First Name:		Last Name:		Date of Birth: MM/DD/YY
ID Prefix: (see ID card)	ID #:	Suffix: -	Group/Policy #:	
Address:		City/State:		Phone Number:

## 2 Who should we **not** share your information with?

First Name:	Last Name:
Relationship to member:	Phone Number:

## 3 What information should we not disclose:

What types of information should we **not** share with the person in Section 2? **Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> General Health Information               | <input type="checkbox"/> Genetic Information   |
| <input type="checkbox"/> Alcohol and/or Chemical Dependency       | <input type="checkbox"/> Reproductive Health (including abortion)  |
| <input type="checkbox"/> Sexually Transmitted Diseases (HIV/AIDS) | <input type="checkbox"/> Gender affirming care, gender dysphoria, domestic violence, and behavioral health |

Must check at least one

*To respond to your request we may not be able to share other types of PPI as well.*

## 4 Alternate Address: Where should we send your written information? Please check one box below:

- Address written in Section 1. (If checked, proceed to Section 5.)
- Alternate address, please write address below:

Address:	City:	State:	Zip Code:
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## 5 Sign and Send:

You must still pay for all costs related to your health plan. These include deductibles, copayments, coinsurance, and any non-covered charges owed to providers. This request applies only to your current health plan. It stays in effect unless you notify us in writing. We may have already shared your PPI with the person named in Section 2 before we received this request or while we were acting on it. We are not liable for these disclosures. We will deny or stop acting on a request that includes any minor children, if that request does not agree with court orders or documents. This release is voluntary. We will not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this release. We will act upon your request within 3 business days of the mail receipt date. Due to automated standard HIPAA transactions, Premera won't be able to enforce this in all cases for health care providers.

Signature (print form to sign): X	Date of Signature:
Printed Name:	

## 6 If not the member, Legal Guardian\* Parent\* Holder of Power of Attorney/Legal Representative I am the: (must attach supporting legal documentation)

**Mail to:** Premera Blue Cross Blue Shield of Alaska PO BOX 21762 EAGAN, MN 55121 **Fax:** 1-866-903-9899

## Notice of availability and nondiscrimination 800-809-9361 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

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。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni tologi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ไทเพื่อรับການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ໝາະສົມແບບບໍ່ເສຍຄ່າ.

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。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

**Discrimination is against the law.** Premera Blue Cross Blue Shield of Alaska (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, or sex. 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, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, 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, 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>.