



An Independent Licensee of the Blue Cross Blue Shield Association

Information Release Form

Follow the steps to authorize Premera Blue Cross (Premera) to release your protected health information. Questions? Please call the customer service number on the back of your member ID card.

2 Whom are you authorizing?

First Name:	Last Name:	Phone:	
Relationship to member:		<input type="checkbox"/> Check here if this person is on the same plan as you.	Fax:
Address:	City:	State:	Zip Code:

3 Why are you authorizing them? Must check at least one:

At my own request
 At Premera's request for: Research Other: _____
 Other (state specific date, specific time period, event or condition): _____

4 Review and Sign:

Premera Blue Cross, or any of its affiliates (the "Company"), may disclose my health records, claims, billing, and eligibility information with the Authorized Representative listed above. I understand that the healthcare information may include my benefit, claim, diagnosis and treatment records including information about the following sensitive healthcare diagnosis that I have checked in the boxes below.

What types of information should we 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

Can they see your online accounts? Access will not be granted unless you check "yes" below.

Premera.com Online Account Profile: Authorized individual must be an enrolled parent, spouse, or domestic partner on the plan.

Yes, allow the authorized individual to view all claims, including sensitive claims, and online account profile (benefit summary including usage, limits, spending, activity report, etc.)

Personal Funding Account: Yes, I authorize to have all claims, including sensitive claims available within the subscriber's Personal Funding Account (only applicable if the subscriber's Personal Funding Account is administered by Premera).

You can change your mind and withdraw this release at any time by informing the Company in writing at the address listed at the bottom of this form. The Company will make sure the change goes into effect within five business days after receiving your withdrawal request and will not be liable for any information released before your change goes into effect. The person or entity that receives the member's information may be able to share it. State and federal privacy rules may no longer protect it. 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. This release will last twenty-four months from the signature date below, or until you cancel it. This request applies only to your current health plan.

Signature (print form to sign):
X

Date of Signature:

Printed Name:

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

*The legal guardian or parent may sign for the member only if member is age 12 or younger, or member is age 13 to 17 and only releasing general health information in section 4.

Mail to: Member Appeals PO Box 91102 Seattle, WA 98111 Fax: 425-918-5592

005361 (03-22-2023)

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, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, 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>. 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 800-722-1471 (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 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телефон: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kand gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

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

Телефонуйте за номером 800-722-1471 (телефон: 711).

បច្ចេកទេសនិងជាអកិនិយាយ ភាសាខ្មែរ សេវាដំឡើងដោយមិនគិតិយល គិត្យអាជ្ញាមានសំរាប់បំពើអក។ ចាប់ទូរសព្ទ 800-722-1471 (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。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

X1YYFFFFANNA: Afaan dubhattu Oromoiffa, tajaailli qargaarsa afaanii, kanfaltiidihaan ala, ni argama, Bilbilaa 800-722-1471 (TTY: 711)

الخطوة: إذا كنت تتعصب لـ "اللوك" في خدمات المساعدة للغير، تجدر المراجعة إلى "الوحدة المساعدة للغير" (نقطة 800-722-1471) في هاتنة الصيدلة وال康 (711).

ਪਿਆਨ ਵਿਚੋਂ ਕੋ ਤਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤੋਂ ਕਾਮ ਵਿੱਚ ਸ਼ਾਮਲ ਹੋ ਸਕੇ। ਤਾਂਤੇ ਲੋਕਾਂ ਲਈ ਮਹੱਤਵ ਹੈ। 800-722-1421 (TTY: 711) 'ਤੇ ਲੱਗ ਵੇਂ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂນໂວນນະ ຜັກວ່າ ເຖິງກວົງມະຊາດ ວິວວະ ມະນະກ່າວົງກວົງມະຊາດ ໂດຍນີ້ເຊື່ອງລາວ ດະ ໂດຍນີ້ເຊື່ອງລາວ ສະບັບ 800-722-1471 (ໄຕຍ: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appeler le 800-722-1471 (ATS : 711).

ATTENTION : Si vous parlez français, des services de traduction linguistique vous sont proposés gratuitement. Appeler au 800 722 1477 (TTY: 711).

ATENÇÃO: Se fala português, encontre-se os disponibilizados serviços linguísticos, gráti. Língua para 800 722 1471 (TTY, 711).

ATTENZIONE: Se fala português, encontrará-se disponíveis serviços linguísticos, gratis. Ligue para 800-722-1471 (TTY: 711).

تنبيه: في حالة عدم فهمك لغة الإنجليزية، يمكنك الاتصال بـ 800-722-1471 (TTY: 711).