

Authorization for the Use or Disclosure of Health Information



This form allows Western Health Advantage (“WHA”) to use or disclose a member’s protected health information (PHI) to another person or organization. WHA must obtain written authorization for any use or disclosure of a member’s PHI that is not already permitted or required by law.

To prevent delay in processing the request, it is crucial that this form is filled out in its entirety.

Return Completed Form Using One of the Following Methods

Mail or Deliver To	Western Health Advantage Attn: Member Services 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833
Fax To	916.568.0126
Email To	WHAPERS@westernhealth.com <ul style="list-style-type: none"> ○ <i>Include in Subject Line: Restriction of Use or Disclosure of PHI</i> ○ For Your Information: <i>Emails can be intercepted during transmission allowing the message and attachments to be accessed, potentially compromising the information that is sent.</i>
Questions	888-942-7377 (888-WHA-PERS); Toll-free 711 TTY <ul style="list-style-type: none"> ○ <i>CalPERS Customer Service is available 7 days a week 7 a.m. to 8 p.m.</i>

Member Information

Member Name (First & Last)	
WHA ID#	
Date of Birth	
Address	
Phone Number	
Email	

Person (the Recipient) Authorized to Receive the Member’s Information

Name (First & Last)	
Relationship to Member	
Address	
Phone Number	

Information to be Disclosed to the Recipient

Check only one of the two options.

All information that WHA maintains, excluding sensitive information unless specifically authorized below.

OR Only the following information, or types of information: (check all that apply)

- Medical Information (diagnosis, treatment, medication, including authorizations and referral status)
- Health Plan Coverage and Eligibility
- Financial/Billing Information, excluding claims information
- Claims Status/Payment Information
- Other _____

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Is the Recipient also authorized to receive sensitive information as described below?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes, I authorize WHA to release:	
<input type="checkbox"/> All sensitive information	
OR <input type="checkbox"/> Only the following information: (check all that apply)	
<input type="checkbox"/> Alcohol/substance abuse <input type="checkbox"/> Mental health <input type="checkbox"/> Genetic information	
<input type="checkbox"/> Sexually transmitted illness (including HIV/AIDS)	
<input type="checkbox"/> Sexual, physical, or mental abuse	
<input type="checkbox"/> Abortion/reproductive health (including pregnancy, contraception)	
<input type="checkbox"/> Disclose the above information for the dates of service from _____ to _____	
<input type="checkbox"/> For the above information, ALL dates of service	
Reason for this authorization	
Check only one	
<input type="checkbox"/> Personal Use <input type="checkbox"/> Legal	
<input type="checkbox"/> Other (please specify): _____	
Authorization to Act on Member's Behalf	
Member authorizes the Recipient to perform the following:	
<input type="checkbox"/> Enroll me/disenroll in/from Plan <input type="checkbox"/> Choose/change my PCP <input type="checkbox"/> Request new ID Card	
<input type="checkbox"/> Update demographic information <input type="checkbox"/> All of the above	
OR <input type="checkbox"/> Not applicable	
Expiration	
This authorization will remain in effect:	
<input type="checkbox"/> for one (1) year from the date of your signature below	
OR <input type="checkbox"/> until _____ (cannot be longer than three (3) years from the signature date)	
<i>(date)</i>	

Authorization for the Use or Disclosure of Health Information



Signatures

I understand and agree to the following:

- The member may revoke this authorization at any time by notifying WHA in writing. Revoking this authorization will not affect information WHA used or disclosed before receipt of the revocation request.
- WHA will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on whether you or your representative sign this authorization.
- If this authorization is on behalf of a minor, federal and state laws may prohibit WHA from acting on the request about sensitive information without written authorization from the minor (12 years of age or older);
- This will expire when the minor turns 18 or is legally emancipated, or may be revoked by the legally capacitated minor.
- If WHA discloses substance abuse information to another Covered Entity or Business Associate, federal law prohibits the re-disclosure the information without the members authorization.

Member

Name (Print) _____

Signature _____ Date _____

Personal Representative

Name (Print) _____

Signature _____ Date _____

Please check the box that describes your relationship to the member:

Parent of Minor Legal guardian Power of Attorney Executor Other _____

Documentary proof (including but not limited to: court documents, birth certificate, etc.) of your relationship/authorization must be attached to this request. If you are requesting access to a minor's (12 years of age or older) records, federal and state laws may prohibit WHA from acting on your request if the information is related to sensitive services without written authorization from the minor.

Western Health Advantage complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager at 888.WHA.PERS (888.942.7377) and find more information online at <https://www.westernhealth.com/legal/non-discrimination-notice/>.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by telephone, mail, fax, email, or online with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.942.7377, 888.877.5378 (TTY), 916.568.0126 (fax), whapers@westernhealth.com, <https://www.westernhealth.com/legal/grievance-form/>. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at <https://www.westernhealth.com/legal/grievance-form/>.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, 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:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; Phone: 800.368.1019 or 800.537.7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.942.7377 or TTY 888.877.5378.

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.942.7377, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.942.7377或聽障人士專線(TTY) 888.877.5378。

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.942.7377, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalín, tumawag sa 888.942.7377 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.942.7377이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

ARMENIAN

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.942.7377 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.942.7377 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 پیام تاپیی ارسال کنند

RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.942.7377 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

JAPANESE

ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、888.942.7377までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلدبك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.942.7377، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰਾ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.942.7377 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសាស្រីអ្នក ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.942.7377 ឬ TTY សម្រាប់អ្នកត្រចៀកឆ្ងន់ តាមលេខ 888.877.5378។

HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawm muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.942.7377 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

HINDI

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुआशिए के साथ बात करने के लिए, 888.942.7377 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.942.7377 หรือใช้ TTY สำหรับคนหูหนวกโดยโทร 888.877.5378