

# 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

<b>Mail To</b>	Western Health Advantage Mail Service Attn: Membership Accounting P.O. Box 14952 Salem, OR 97309
<b>Fax To</b>	916.678.5440
<b>Deliver To</b>	Western Health Advantage 2349 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833
<b>Questions</b>	916.563.2250   888.942.4777 Toll-free   711 TTY <ul style="list-style-type: none"> <li>○ <i>Customer Service is available to answer questions 8AM to 8PM</i> <ul style="list-style-type: none"> <li>– <i>October – March: Seven (7) days a week</i></li> <li>– <i>April – September: Monday through Friday</i></li> </ul> </li> <li>○ <b>For Your Information:</b> <i>Emails can be intercepted during transmission allowing the message and attachments to be accessed, potentially compromising the information that is sent.</i></li> </ul>

## 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 \_\_\_\_\_

# Authorization for the Use or Disclosure of Health Information



## Is the Recipient also authorized to receive sensitive information as described below?

- No     Yes – If Yes, I authorize WHA to release:
- All sensitive information
- OR**  Only the following information: (check all that apply)
- Alcohol/substance abuse     Mental health     Genetic information
  - Sexually transmitted illness (including HIV/AIDS)
  - Sexual, physical, or mental abuse
  - Abortion/reproductive health (including pregnancy, contraception)

- Disclose the above information for the dates of service from \_\_\_\_\_ to \_\_\_\_\_
- For the above information, ALL dates of service

## Reason for this authorization

Check only one

- Personal Use         Legal
- Other (please specify): \_\_\_\_\_

## Authorization to Act on Member's Behalf

Member authorizes the Recipient to perform the following:

- Enroll me/disenroll in/from Plan         Choose/change my PCP         Request new ID Card
- Update demographic information         All of the above
- OR**  Not applicable

## Expiration

This authorization will remain in effect:

- for one (1) year from the date of your signature below
- OR**  until \_\_\_\_\_ (cannot be longer than three (3) years from the signature date)
- (date)*

# 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.

# Notice of Language Assistance westernhealth ADVANTAGE

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1.888.563.2250 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

## Spanish

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1.888.563.2250 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

## Chinese Mandarin

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1.888.563.2250 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

## Chinese Cantonese

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1.888.563.2250 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

## Tagalog

Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1.888.563.2250 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

## French

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1.888.563.2250 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

## Vietnamese

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1.888.563.2250 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

## German

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1.888.563.2250 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Western Health Advantage is an HMO plan with a Medicare contract. Enrollment in the health plan depends on contract renewal.

## **Korean**

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1.888.563.2250 (TTY 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

## **Russian**

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1.888.563.2250 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

## **Arabic**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1.888.563.2250 (TTY 711). سيقوم شخص ما يتحدث العربية

## **Hindi**

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1.888.563.2250 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

## **Italian**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1.888.563.2250 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

## **Português**

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1.888.563.2250 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

## **French Creole**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1.888.563.2250 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

## **Polish**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1.888.563.2250 (TTY 711). Ta usługa jest bezpłatna.

## **Japanese**

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1.888.563.2250 (TTY 711)にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

# Notice of Non-Discrimination



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 888.563.2250, TTY 711.

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 mail, phone or email. If you need help filing a grievance, the Member Services Manager is available to help you.

Mail: Western Health Advantage, Attn: Appeals and Grievances  
2349 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

Call: 888.563.2250, TTY 711

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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or by phone.

Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201

Call: 800.368.1019, 800.537.7697 TDD

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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