

Authorization to Use and Disclose Health Information

Notice to Participant:

- Completing this form will allow PA Health & Wellness to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to give permission to use or share your health information. Your services and benefits with PA Health & Wellness will not change if you do not submit this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling Participant Services at the phone number on the back of your Participant ID card.
- PA Health & Wellness cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- If you need help, contact Participant Services at the phone number on the back of your Participant ID card.
- Fill in all the information on this form. When finished, mail the form and any supporting documentation to

PA Health & Wellness

ATTN: Compliance Department
1700 Bent Creek Blvd., Suite 200
Mechanicsburg, PA 17050

Aviso al (la) afiliado(a):

- Al llenar este formulario, usted autoriza a PA Health & Wellness a (i) que use su información de salud para un fin en particular, y/o (ii) que la dé a conocer a la persona o entidad que usted identifique en este formulario.
- Usted no tiene que firmar este formulario ni dar permiso a usar o dar a conocer su información de salud. Sus servicios y beneficios de PA Health & Wellness no cambiarán si usted no firma este formulario.
- Si desea cancelar este formulario de autorización, envíenos por escrito una solicitud para revocarlo a la dirección que aparece al final de esta página. Servicios para los afiliados puede proporcionarle un formulario de revocación si les llama al número telefónico que se encuentra en la parte trasera de su tarjeta de identificación de afiliación.
- PA Health & Wellness no puede prometer que la persona o el grupo al que nos permita dar a conocer su información de salud no la dará a conocer a alguien más.
- Conserve una copia de todos los formularios llenos que nos envíe. Si las necesita, podemos enviarle copias.
- Si necesita ayuda, comuníquese con Servicios para los afiliados al número telefónico que aparece en la parte trasera de su tarjeta de identificación de afiliación.
- Llene toda la información en este formulario. Al terminar, envíe el formulario y todos los documentos de apoyo a

PA Health & Wellness
ATTN: Compliance Department
1700 Bent Creek Blvd. Suite 200
Mechanicsburg, PA 17050

PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW. INCOMPLETE FORMS CANNOT BE ACCEPTED.

1 PARTICIPANT INFORMATION:

Participant Name (*print*): _____

Participant Date of Birth: _____ Participant ID Number: _____

2 I GIVE PA Health & Wellness PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSE IDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS (*check one option below*):

- to allow PA Health & Wellness to help me with my benefits and services, **OR**
- to permit PA Health & Wellness to use or share my health information for _____

3 PERSON OR GROUP TO RECEIVE INFORMATION (*add more Persons or Groups on next page*):

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

4 I AUTHORIZE PA Health & Wellness TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION (*NOTE: Select the first statement to release ALL health information or select the below statement to release only SOME health information. Both CANNOT be selected.*)

- All of my health information INCLUDING:**
Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed);

OR

- All of my health information EXCEPT (*check only the boxes below that apply*):**
 - Genetic information, services or tests
 - AIDS or HIV data and records
 - Drug and alcohol data and records
 - Mental health data and records (but not psychotherapy notes)
 - Prescription drug/medication data and records
 - Other: _____

5 THIS AUTHORIZATION ENDS ON THIS DATE/EVENT: _____

Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year from the date of the signature below.

6 PARTICIPANT OR LEGAL REPRESENTATIVE SIGNATURE: _____

DATE: _____

IF LEGAL REPRESENTATIVE - Relationship to Participant: _____
If you are the Participant's legal or personal representative, you must send us copies of relevant forms, such as power of attorney or order of guardianship.

MAIL COMPLETED AUTHORIZATION FORM AND ANY SUPPORTING DOCUMENTATION TO
PA Health & Wellness, ATTN: COMPLIANCE DEPARTMENT
1700 Bent Creek Blvd. Suite 200 Mechanicsburg, PA 17050

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Name (individual or entity): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

Statement of Non-Discrimination

PA Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PA Health & Wellness does not discriminate on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap.

PA Health & Wellness:

- 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 PA Health & Wellness at 1-844-626-6813 (TTY/TDD 711).

If you believe that PA Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, gender identity, language, MA status, income status, program participation, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental handicap, you can file a grievance with:

Grievance and Appeals Coordinator
PA Health & Wellness
1700 Bent Creek Blvd.
Ste. 200
Mechanicsburg, PA 17050
1-844-626-6813 (TTY/TDD 711)
Fax: 1-844-873-7451

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, TTY/PA Relay 711
Fax: (717) 772-4366
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, PA Health & Wellness 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 Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Language Assistance

English:

If you, or someone you're helping, has questions about PA Health & Wellness, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-626-6813 (TTY/TDD 711).

Spanish:

Si usted, o alguien a quien está ayudando, tiene preguntas acerca de PA Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-626-6813 (TTY/TDD 711).

Chinese Mandarin:

如果您，或是您正在協助的對象，有關於 PA Health & Wellness 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-626-6813 (TTY/TDD 711)。

Vietnamese:

Nếu quý vị, hay người mà quý vị đang giúp đỡ có câu hỏi về PA Health & Wellness, 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 1-844-626-6813 (TTY/TDD 711).

Russian:

В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования PA Health & Wellness вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-626-6813 (TTY/TDD 711).

Pennsylvania Dutch:

Vann du, adda ebbah's du am helfa bisht, ennichi vragen hott veyyich PA Health & Wellness, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kaw! 1-844-626-6813 (TTY/TDD 711).

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PA Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-626-6813 (TTY/TDD 711)로 전화하십시오.

Italian:

Se lei, o una persona che lei sta aiutando, avesse domande su PA Health & Wellness, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-844-626-6813 (TTY/TDD 711).

Arabic:

إذا كان لديك أو لدى شخص تساعد أسئلة حول PA Health & Wellness، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-626-6813 (TTY/TDD 711)

Language Assistance, continued

French:

Si vous-même ou une personne que vous aidez avez des questions à propos d'PA Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-626-6813 (TTY/TDD 711).

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zu PA Health & Wellness hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-626-6813 (TTY/TDD 711) an.

Gujarati:

જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, PA Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-844-626-6813 (TTY/TDD 711) ઉપર કોલ કરો.

Polish:

Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów PA Health & Wellness, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-626-6813 (TTY/TDD 711).

French Creole (Haitian Creole):

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou PA Health & Wellness, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-626-6813 (TTY/TDD 711).

Mon-Khmer, Cambodian:

ប្រសិនលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី PA Health & Wellness អ្នកមានសិទ្ធិ ទទួលបានជំនួយនិងព័ត៌មានជាភាសាលោកអ្នកដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែ តាមលេខ1-844-626-6813 (TTY/TDD 711).

Portuguese :

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o PA Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-626-6813 (TTY/TDD 711).