

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 sign this form or give permission to use or share your health information. Your services and benefits with PA Health & Wellness will not change if you do not sign 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 member services.
- 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.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the first page.

PARTICIPANT INFORMATION:

Participant Name (print): _____

Participant Date of Birth: _____ Participant ID Number: _____

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:

- 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 _____.

PERSON OR GROUP TO RECEIVE INFORMATION (add additional Persons or Groups on page 2):

Name (person or group): _____

Address: _____

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

I AUTHORIZE PA HEALTH & WELLNESS TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION:

- 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 all boxes 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: _____

Authorization End Date: _____ / _____ / _____ (date the authorization ends unless cancelled)

Participant Signature: _____ Date: _____ / _____ / _____

(Participant or Legal Representative Sign Here)

Relationship to Participant: _____

If you are the Participant's personal representative, please send us copies of those forms (such as power of attorney or order of guardianship).

ADDITIONAL INDIVIDUAL PERSON(S) OR ENTITY(IES) TO RECEIVE INFORMATION

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: () - _____

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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. Pennsylvania Health & Wellness does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 1-844-349-8916).

If you believe that PA Health & Wellness 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: Grievance and Appeals Coordinator, PA Health & Wellness, 300 Corporate Center Drive, Camp Hill, PA 17011, 1-844-626-6813 (TTY/TDD 1-844-349-8916), Fax 1-844-706-7719.

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 2020
1-800-368-1019, 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, has questions about Pennsylvania 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 1-844-349-8916).
SPANISH	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Pennsylvania 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 1-844-349-8916).
CHINESE	如果您，或是您正在協助的對象，有關於 Pennsylvania 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 1-844-349-8916)。
VIETNAMESE	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Pennsylvania 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 1-844-349-8916).
RUSSIAN	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Pennsylvania 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 1-844-349-8916).
PENNSYLVANIAN DUTCH	Vann du, adda ebbah's du am helpa bisht, ennichi vragen hott veyyich Pennsylvania 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 1-844-349-8916).
KOREAN	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Pennsylvania 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 1-844-349-8916)로 전화하십시오.
ITALIAN	Se lei, o una persona che lei sta aiutando, avesse domande su Pennsylvania Health & Wellness, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-844-626-6813 (TTY/TDD 1-844-349-8916).
ARABIC	إذا كان لديك أو لدى شخص تساعد أسئلة حول Pennsylvania 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 1-844-349-8916).
FRENCH	Si vous-même ou une personne que vous aidez avez des questions à propos d'Pennsylvania 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 1-844-349-8916).
GERMAN	Falls Sie oder jemand, dem Sie helfen, Fragen zu Pennsylvania 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 1-844-349-8916) an.
GUJARATI	જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Pennsylvania 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 1-844-809-0449 (TTY/TDD 1-844-322-4523) ઉપર કોલ કરો.
POLISH	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów Pennsylvania 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 1-844-349-8916).

FRENCH CREOLE (HAITIAN CREOLE)	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Pennsylvania 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 1-844-349-8916).
MON-KHMER, CAMBODIAN	ប្រសិនបើលោកអ្នកឬ គ្រួសារមានបញ្ហាដែលពិបាកក្នុងការយល់ព័ន្ធនឹងព័ត៌មានសុខភាពរបស់លោកអ្នក ឬលោកអ្នកមានសំណួរអ្វីមួយស្តីពី Pennsylvania Health & Wellness អ្នកមានសិទ្ធិទទួលបានព័ត៌មានដោយឥតគិតថ្លៃ។ សូមទំនាក់ទំនងមកប្រាប់យើងលេខ 1-844-626-6813 (TTY/TDD 1-844-349-8916)
PORTUGUESE	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Pennsylvania 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 1-844-349-8916).