

Member Authorization

TO RELEASE/DISCLOSE PROTECTED HEALTH INFORMATION



Harvard Pilgrim
Health Care

Note: Incomplete forms cannot be processed and may be returned for you to complete.

Please call **(888) 333-4742** or TTY# **711** if you need assistance or have questions.

Member HP ID #			
Member Name			
Home Address			
Phone #		Date of Birth	

INFORMATION AUTHORIZED TO BE RELEASED/DISCLOSED – I hereby authorize Harvard Pilgrim to release/disclose the health information described here to the “Recipient” identified below for the purpose stated.

Health information to release/disclose to Recipient
(be specific, including types of information and dates)

Name of Recipient (person authorized to request and receive health information)

Role of Recipient

Address of Recipient

Purpose (please provide a specific purpose or you may state “at my request”)

PROTECTED CATEGORIES – If your information includes any of the following types of protected categories, Harvard Pilgrim will NOT disclose such information UNLESS you provide your initials next to the protected category, to indicate YES that you authorize us to release/disclose the information to Recipient.

Abortion		Behavioral Health		HIV		Communicable Diseases (venereal disease)	
AIDS/ARC		Genetic Testing		Physical Abuse			
Alcohol & Substance Abuse		Domestic Violence		Reproductive Health			

TERMS OF THIS AUTHORIZATION

- I understand that Harvard Pilgrim will not condition my treatment, enrollment or eligibility for health insurance benefits on my signing of this Authorization.
- I understand that Harvard Pilgrim will release my health information as directed by the terms and conditions of this Authorization. I understand that information once released according to this Authorization is out of Harvard Pilgrim's control and Harvard Pilgrim becomes unable to further safeguard such information from re-disclosure by the recipient.
- I understand that I have a right to receive a copy of this Authorization.

- I understand that I may revoke this Authorization in writing at any time.
- I desire this Authorization to remain in effect until _____ (please specify a date).

I understand that if I do not specify a date, this Authorization will remain in effect for two (2) years from the signature date on this form.

For a minor, this Authorization will expire the day before the minor's 18th birthday.

I have read and understand the terms of this Authorization and I hereby authorize the release/disclosure of my health information in the manner described above.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature*	Date	Printed Name*

*This Authorization will only be valid if it is signed by the member, a person with legal authority for a member, or the parent or legal guardian of a member that is a minor. If you are not the member, please indicate your relationship to the member:

- Parent or legal guardian of the minor member Relationship to minor
- Legally authorized person Form of legal authorization (e.g., power of attorney)

**SEND COMPLETED
FORM TO:**

Harvard Pilgrim Health Care, ATTN: Customer Service
1600 Crown Colony Drive, Quincy, MA 02169
Fax: (617) 509-1050

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-xxx-xxx-xxxx (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-xxx-xxx-xxxx (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-xxx-xxx-xxxx (TTY: 711).

繁體中文 (Traditional Chinese) 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 1-xxx-xxx-xxxx (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-xxx-xxx-xxxx (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1-xxx-xxx-xxxx (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-xxx-xxx-xxxx (TTY: 711)។

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-xxx-xxx-xxxx (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx-xxx-xxxx (TTY: 711)번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-xxx-xxx-xxxx (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-xxx-xxx-xxxx (TTY: 711).

हिंदी (Hindi) ध्यान डीजीए : अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्तमे उपलब्ध है . जानकारी के लिये फोन करे. 1-xxx-xxx-xxxx (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-xxx-xxx-xxxx (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-xxx-xxx-xxxx (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 711).

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Harvard Pilgrim Health Care:

- 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, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care 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: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email:

civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer 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, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

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