

## Benefit and Claim Information Authorization Release PBCAK

### Instructions

- Follow the steps to authorize Premera Blue Cross Blue Shield of Alaska (Premera) to release a member’s protected health information to an Authorized Representative, who is named in Section B of this form.
- For questions, please call the customer service number on the back of the member ID card.

### A. Whose information is being released?

Full name (last, first, middle)	Date of birth (mm-dd-yyyy)
Member ID#	

### B. Whom are you authorizing to receive your information?

Full name (last, first, middle)		
Area code and phone number	Relationship to member	<input type="checkbox"/> Check here if this person is on the same plan as the member.
Fax	Address	
City	State	Zip code

### C. Why are you authorizing them? Select one.

At my own request

At Premera’s request for:

Research

Other \_\_\_\_\_

Other (state specific date, specific time period, event or condition):

\_\_\_\_\_

### D. Type of information authorized for release

Premera or any of its affiliates (the company), may disclose the member’s health records, claims, billing, and eligibility information with the Authorized Representative listed above in section B. I understand that the healthcare information may include the member’s benefit, claim, diagnosis and treatment records, including information about the following sensitive healthcare diagnosis that I have checked in the boxes below.

What types of information should we share with the Authorized Representative? Check all that apply. (If no box is checked, only general health information will be released.)

General health information

Genetic information

Alcohol and/or chemical dependency

Reproductive Health (including abortion)

Sexually transmitted diseases (HIV/AIDS)

Gender affirming care, gender dysphoria, domestic violence, and behavioral health

## E. Online Claims Viewing

Can the person you authorize view your claims online?

They will not have access to your Premera.com account or be able to log in as you. They can only view your claims through their own member portal, if eligible. The authorized individual must be an enrolled parent, spouse, or domestic partner on the plan. Access will not be granted unless you check "Yes" below.

- Yes**, allow the authorized individual to view my claims (including sensitive claims) through their own Premera.com member account. This does not give them access to my account, username, password, or ability to manage my profile. (Claims view may include benefit usage, limits, spending, activity details, etc.)

## F. Personal Funding Accounts

- Yes**, I authorize to have all claims, including sensitive claims, available within the subscriber's Personal Funding Account (only applicable if the subscriber's Personal Funding Account is administered by Premera).

## G. Who must sign this form?

- For a member aged 17 or younger: the parent or legal guardian can sign
- For a member aged 18 or older: the member must sign (unless a court with jurisdiction has deemed the member incapable of consenting to his or her own services and has appointed a legal guardian)

## H. Review and sign

**DURATION OF RELEASE: This authorization will expire twenty-four (24) months from the date signed unless a shorter timeframe is requested here:**

You can change your mind and withdraw this release at any time by informing the Company in writing at the address listed at the bottom of this form. The Company will make sure the change goes into effect within five business days after receiving your withdrawal request and will not be liable for any information released before your change goes into effect.

The person or entity that receives the member's information may share it. State and federal privacy rules may no longer protect it. This release is voluntary. The member's enrollment in the health plan, eligibility for benefits, or payment of claims is not affected by this release. This release will last twenty-four months from the signature date below, or until you cancel it. This request applies only to the member's current health plan.

Signature:

Print name

X \_\_\_\_\_

Date signed

## I. Complete this section if the document signer is not the member.

I am not the member. I am the (select one):

- Legal guardian  
 Parent  
 Holder of Power of Attorney/Legal Representative (must attach supporting legal documentation)

## J. Return to Premera

**MAIL TO:**

Member Appeals  
PO Box 91102  
Seattle, WA 98111

**FAX TO:**

425-918-5592

## Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni tologi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ไทเพื่อรับການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

**Discrimination is against the law.** Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera 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 Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.