

SelectHealth Advantage members:
P.O. Box 30196
Salt Lake City, UT 84130-0196
Phone: 855-442-9900 (toll-free)
Fax: 801-442-6580
selecthealthadvantage.org

All other SelectHealth members:
P.O. Box 30192
Salt Lake City, UT 84130-0192
Phone: 800-538-5038 (toll-free)
Fax: 801-442-6580
selecthealth.org



Authorization to Release Health Information

Form is not valid unless fully completed. Please return with a photocopy of the signer's government-issued photo ID.

I understand the following information:

1. Once SelectHealth® releases information according to this authorization, SelectHealth cannot guarantee that this information will not be re-released to a third party or that this information will be protected by federal and state law governing the use and disclosure of identifiable health information.
2. This authorization will remain in effect until it expires or until I revoke it in writing.
3. I may refuse to sign or may revoke this authorization at any time for any reason, unless SelectHealth has already made disclosures in reliance on this authorization.
4. While SelectHealth does not condition the beginning, continuation, or quality of health insurance, care management, and other services it provides to me on my signing and not revoking this authorization, refusing to sign or revoking this authorization may limit SelectHealth's ability to provide such services to me.

5. For SelectHealth Advantage® members: This signed authorization form does not give the individual named below the authority to initiate an appeal, grievance or prior authorization on my behalf. I must complete an additional form—Appointment of Representation—to grant that authorization.

In understanding the above, I agree to let SelectHealth share my information as described in this form. If I have questions, I can call SelectHealth. SelectHealth Advantage members call: 855-442-9900 (toll-free). All other SelectHealth members call: 800-538-5038 (toll-free). TTY users may call 711.

Member Information

First Name _____ Last Name _____
Member ID (on ID Card) _____ Street Address _____
City _____ State _____ ZIP _____
Ph# (____) _____ Date of Birth ____/____/____
MM DD YYYY

SelectHealth may share information about the SelectHealth member named above (check one):

For one year from the signature date For the length of the policy Until this date ____/____/____
MM DD YYYY

NOTE: If an expiration date is not indicated, this authorization will stay active until one year from the signature date.

The member's information may be shared with the following person or organization (only one person or organization per form):

Name of person or organization _____ Date of Birth ____/____/____
(if person) MM DD YYYY
Street Address _____ Ph# (____) _____
City _____ State _____ ZIP _____

Type of Information to be share (check the box(es) below to choose which information you would like shared).

- | | | |
|---|--|---|
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Existing appeal information | <input type="checkbox"/> All of the the above |
| <input type="checkbox"/> Contact | <input type="checkbox"/> Care management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Existing prior authorization | <input type="checkbox"/> Claims payment | _____ |

SIGNATURE

Signature of member or legal representative _____ Description of legal representative's authority _____
Date ____/____/____ I have included a photocopy of the signer's government-issued photo ID.
MM DD YYYY

SELECTHEALTH USE ONLY: ATTENTION MEMBER SERVICES

Password _____
Security Question _____
Security Question Answer _____

Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

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 SelectHealth。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éí ná hółó', koji' hódíílnih SelectHealth.

ध्यान दनिहोस: तपार्इले नेपाली बोलनुहुन्छ भने तपार्इको नमिती भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

تدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم
تكرش ب ل لصتا. ن اجم اب كل رف او تت ةي وغللا
SelectHealth.

សមគ្គាល់: បីស៊ិនជាអ្នកនិយាយភាសាខ្មែរ
ស្នើរដំនួយជូនកុំភាសា ជាយមិនគិតថ្លៃ
គឺអាចមានសរាប់អ្នក ។ សូមទូរស័ព្ទមក
SelectHealth ។

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

تامدخ، دینک یم تب حص ی سراف نابز هب رگا: هجوت
ده اوخ امش رای تخا رد ناگیار تروص هب ینابز کمک
سامت هرامش قی رط زا. تفرگ
SelectHealth.

ATENȚIE: Dacă vorbiți limba română, vă sunt disponibile servicii de asistență pentru această limbă în mod gratuit. Apelați SelectHealth.

ILANI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo, zinapatikana kwako. Piga simu SelectHealth.

SelectHealth: 1-800-538-5038

SelectHealth Advantage: 1-855-442-9900

