

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 \_\_\_\_\_



## Non-Discrimination Notice

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SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free aid and services to people with disabilities to help them communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as qualified interpreters and member materials written in other languages.

If you need these services, please call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900**. Any member or other person who believes he/she may have been subject to discrimination may file a complaint or grievance by calling the SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** 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

## Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## 繁體中文

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 Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**。

## Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**. 번으로 전화해 주십시오.

## Diné Bizaad

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'de'ę', t'áá jiik'eh, éí ná hólq', kojí' hódíílnih SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## नेपाली

ध्यान दनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ | SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**. मा फोन गर्नुहोस्।

## Tonga

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 Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## Srpsko-hrvatski

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth Advantage: **1-855-442-9900** (TTY- Телефон за особе са отежаним говором или оштећеним слухом: 711) / SelectHealth: **1-800-538-5038**.

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth Advantage: **1-855-442-9900** (телетайп: 711) / SelectHealth: **1-800-538-5038**

## ةيبرعلا

تدعاسملا تامدخ نإف ،ةيبرعلا تدحتت تنك اذا :تظوحلم  
تكرشب لصتا .ن اجملاب كل رفاوتت ةيوغلل  
فتاه مقر) SelectHealth Advantage: **1-855-442-9900**  
(مكبل او مصل) / SelectHealth: **1-800-538-5038**.

## ខ្មែរ

សម្គាល់៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្តីពីជំនួយជូនកែភាសា ជាយមិនគិតថ្លៃ  
គម្រោងមានសរាប់ អ្នក ។ សូមទូរស័ព្ទមក  
SelectHealth Advantage: **1-855-442-9900** (TTY: 711)  
/ SelectHealth: **1-800-538-5038** ។

## Français

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth Advantage au **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.

## 日本語

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 Advantage: **1-855-442-9900** (TTY: 711) / SelectHealth: **1-800-538-5038**.  
まで、お電話にてご連絡ください。