group health Cooperative of eau claire

Release of Information Form

Member Information		
Member Name (including any prior names)	Date of Birth	Member ID#
Address		Phone Number

Authorizes the Release of Information by:
Group Health Cooperative of Eau Claire
P.O. Box 3217
Eau Claire, WI 54702-3217
(715) 552-4300 or (888) 203-7770

Information to be Released to:
(Example: Parent, Son, Daughter, Lawyer, etc.)
Include name, address, phone and relationship

_____

_____

_____

Relationship _____

1. Purpose or need for the disclosure of your records (check all applicable categories):
   - ☐ **All Info**
   - ☐ Further Medical Care
   - ☐ Coordinating Care for Dependent/Spouse
   - ☐ Claims Resolution
   - ☐ Insurance Eligibility/Benefits
   - ☐ Other (please specify): _____

   _____

2. I authorize the following information to be used or disclosed:
   - ☐ **All Info**
   - ☐ Medical Files
   - ☐ Claims History
   - ☐ Other (please specify): _____

   _____

   All records from _____ to _____ (comments or instructions)

   _____

State and Federal laws require specific authorization prior to disclosing certain information. Please check if you would like any of the following specific information disclosed:

- ☐ **Mental Health Psychotherapy Notes**
- ☐ Alcohol and/or Drug Abuse
- ☐ Developmental Disability
- ☐ HIV Testing*

Please indicate specific dates (if any) associated ONLY for the above information:
From_____ to_____

Specific limitations requested ONLY for the above disclosures: _____

_____

*HIV TEST RESULTS: HIV test results may be released without authorization to certain persons/organizations, subject to applicable law. A list of persons/organizations entitled to receive this information is available upon request. By checking this box, I agree that my HIV test results may also be released to the person/organization identified above.

EXPIRATION DATE: This authorization is good until (indicate future date or event). _____
If this is left blank, this authorization is considered indefinite, subject to applicable law. By signing this authorization, I am confirming that it accurately reflects my wishes.

Release of Information Form

If this form is not signed by the member, please identify the legal relationship to the member below. If you are Legal Guardian or Other, please provide a copy of the court order establishing the authority. If POA, please include a copy of the activation paperwork. For Legal Guardianship, please include a copy of the guardianship paperwork.

Please note that we cannot process this form without the proper documentation.

Signature of Member:	Date
or Signature of Parent/Guardian/Legal Representative:	Date

Member is: ☐ Minor ☐ Incompetent/Incapacitated ☐ Deceased

Legal Authority: ☐ Parent of Minor ☐ Legal Guardian ☐ Health Care Agent ☐ Spouse or Personal Representative of Deceased ☐ Other

REDISCLOSURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by Federal privacy standards.

YOUR RIGHTS REGARDING THIS AUTHORIZATION:

- **Right to Receive Copy of This Authorization** - I understand that if I sign this authorization, I have the right to receive a copy upon request.
- **Right to Inspect Health Information Disclosed** - I understand that I have the right to inspect the health information I have authorized to be used or disclosed by this authorization form. I may arrange to review any disclosures of my health information under this authorization by contacting the Group Health Compliance Department.
- **Right to Refuse to Sign This Authorization** - I understand that I am not required to sign this form; however, if I refuse to sign this authorization, I understand that Group Health Cooperative of Eau Claire may not be able to disclose the health information as requested in this authorization. Group Health Cooperative of Eau Claire may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization, except regarding: (a) research-related treatment or (b) health plan enrollment or eligibility. I understand that not all disclosures of my medical information require my authorization. Further information regarding disclosures that may occur without authorization may be found on Group Health Cooperative of Eau Claire's Notice of Privacy Practices.
- **Right to Withdraw This Authorization** - I understand that I have the right to withdraw this authorization at any time by contacting Group Health Compliance Department and requesting a withdrawal in writing. I understand that my withdrawal will not be effective until received and processed by Group Health Compliance Department and will not be effective as to any uses and/or disclosures that occurred prior to receipt of my request to withdraw this authorization. I understand that if the authorization was obtained as a condition of obtaining insurance coverage, other laws may provide Group Health Cooperative of Eau Claire with the right to contest a claim.

QUESTIONS or CONCERNS?

For questions regarding the completion of this form, or the documents required to accurately complete this form, please contact **Member Services at (715) 552-4300 or (888) 203-7770**.

For questions regarding your right to access your health information, who Group Health Cooperative of Eau Claire may release information to without your authorization, or to report a potentially unauthorized disclosure, please contact our **Compliance Department at (715) 552-4300**.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-203-7770 (TTY: 711) or speak to your provider.	**Vietnamese:** Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-203-7770 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
Spanish: Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. llame al 1-888-203-7770 (TTY: 711) o hable con su proveedor.	**Arabic:** اللغة الإنجليزية: تنبيه: إذا كنت تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجانا مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها. اتصل بالرقم 1-888-203-7770 (الهاتف النصي: 711) أو تحدث إلى مزودك.
Hmong: Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-888-203-7770 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.	**French:** Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement Appelez le 1-888-203-7770 (TTY: 711) ou parlez à votre fournisseur.
Somali: Soomaali – FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-888-203-7770 (TTY: 711) ama la hadal bixiyahaag.	**Tagalog:** Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-203-7770 (TTY: 711) o makipag-usap sa iyong provider.
Laotian: ລາວ – ຊຊົນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-203-7770 (TTY: 711) ຫຼືເວົ້າກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.	**German:** Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Burmese: မြန်မာ - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-888-203-7770 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။".	**Pennsylvanian Dutch:** Pennsylvanisches Niederländisch: ACHTUNG: Wenn Sie Englisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-203-7770 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.
Russian: РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-203-7770 (TTY: 711) или обратитесь к своему поставщику услуг.	**Hindi:** हिंदी: ध्यान दें: यदि आप अंग्रेज़ी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1 888 203 7770 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।.
Chinese Mandarin: 中文 – 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電1-888-203-7770 (TTY: 711) 或與您的提供者討論。」.	**Polish:** POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-203-7770 (TTY: 711) lub porozmawiaj ze swoim dostawcą".
Korean: 한국어– 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-203-7770 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.	**Albanian:** SHQIP – VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-203-7770 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.