

Authorization to Disclose Protected Health Information (PHI)



Notice to Member:

- Completing this form will allow Health Net to share your health information with the person or group that you identify below.
- Your services and benefits with Health Net will not change if you do not sign this form. You do not have to give your health plan permission to share your health information.
- Health Net cannot promise that the person or group you want to share your health information with will not share it with someone else.
- You may revoke this authorization in writing by submitting the Revocation of Authorization form to Health Net at the address listed on the form in accordance with Health Net's Notice of Privacy Practices.
- You have a right to receive a copy of this authorization. A copy is as valid as the original.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the page.

Member information:

Member name (print): _____

Member date of birth: ____/____/____ Member ID number: _____

I give Health Net permission to share my health information with the person or group (recipient) named below. The purpose of the authorization is to help me with Health Net benefits and services.

Recipient information:

Name (person or group): _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: (____) ____ - _____

Authorization Signed Date (if known): ____/____/____

Health Net can share this Health Information: (check all boxes that apply)

All of my PHI; **OR**

All of my PHI **EXCEPT:**

Prescription drug/medication information

Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) information

Treatment for alcohol and/or substance abuse information

Behavioral health services or psychiatric care information

Other: _____

Purpose:

I authorize Health Net to disclose the information identified above for the following purpose(s):

At my request Other (please specify): _____

Authorization End Date: ____ / ____ / ____ (If no date is provided, this authorization will expire in one year.)

By signing the authorization, I acknowledge that I have read and understand the above information, and that my signature authorizes the disclosure of the information described above.

Member signature: _____ Date: ____ / ____ / ____

(Member or Legal Representative sign here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Mail Completed Form to: Health Net Attn: Privacy Officer,
PO Box 10420 Van Nuys, CA 91410-0420

Phone: California: 1-800-977-6738; Oregon: 1-800-949-6192 or TTY: 711

From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week, excluding certain holidays. However, after February 14, our office hours are 8:00 a.m. to 8:00 p.m., Monday through Friday. On weekends and certain holidays, your call will be handled by our automated phone system. TTY users should call 711.

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

Health Net:

- 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, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net 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 by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center 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, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم.
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)
(مكبلا و مصلا فتا ه مقرر: 711).

ARABIC

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷՆ ԵՐԷ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ:
Զանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO) (TTY: 711).

ARMENIAN

注意：如果您說中文，您可以免費獲得語言援助服務。請致電
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737
(all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。

CHINESE

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii,
kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711).

CUSHITE

ATTENTION : Si vous parlez français, des services d'aide linguistique vous
sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711).

FRENCH

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913
(HMO and PPO) (TTY: 711).

GERMAN

ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737
(all other HMO) (TTY: 711). पर कॉल करें।

HINDI

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab
dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO
SNP), 1-800-275-4737 (all other HMO) (TTY: 711).

HMONG

注意事項：日本語を話される場合、無料の言語支援サービスをご利用い
ただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711)
にお電話ください。

JAPANESE

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수
있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)
번으로 전화해 주십시오.

KOREAN

MON-KHMER
CAMBODIAN

ចំណាបអារម្មណ៍: បេសនអ្នកនយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គ្មានសវប្បក។ សូម
ទូរស័ព្ទទៅលេខCalifornia: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។

PERSIAN

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
لطفاً با شماره
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711) تماس بگیرید.

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ
ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ
California: 1-800-431-9007 (Jade,
Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711)
ਤੇ ਕਾਲ ਕਰੋ।

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență
lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны
бесплатные услуги перевода. Звоните
California: 1-800-431-9007 (Jade, Sapphire,
Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913
(HMO and PPO) (TTY: 711).

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de
asistencia lingüística. Llame al
California: 1-800-431-9007 (Jade, Sapphire, Amber,
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and
PPO) (TTY: 711).

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga
serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California:
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other
HMO) (TTY: 711).

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
California:
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other
HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до
безкоштовної служби мовної підтримки. Телефонуйте за номером
Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn
phí dành cho quý vị. Xin gọi
California: 1-800-431-9007 (Jade, Sapphire, Amber,
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and
PPO) (TTY: 711).
