

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

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:

- 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.
- This authorization will remain in effect until it expires or until I revoke it in writing.
- 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.
- 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 obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

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 yáníti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éi ná hólo', koji' hódíilnih 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.

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。

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎቶች ያለክፍያ ለእርስዎ ይገኛሉ። SelectHealth ን ያናግሩ።

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте SelectHealth.

تامدخ كل رفوتت سف، ىبرع تدرحتت تنك اذا: هى بنت تامدخ ب ل ص ت ا. أن اجم ةي وغلل ا ةدع اس مل

تامدخ، دى نكىم تب حصى نك دراو ار نابز هب رگا: هجوت اب. تس امش راى تخا رد ناگى ار تروص ب، ى نابز كمك دى رى گب س امت SelectHealth

หมายเหตุ: หากคุณพูด ใ้ภาษา, การบริการภาษา โดยไม่มีค่าใช้จ่าย มีพร้อมบริการให้กับคุณ ติดต่อ SelectHealth

**SelectHealth: 1-800-538-5038**

**SelectHealth Advantage: 1-855-442-9900**

