How to Make a Non-Disclosure Request

Instructions

Fill out this form to make a request for non-disclosure to specific parties. Send the form to LifeWise Assurance Company (LifeWise), and we will not share your personal protected information (PPI) with the person you name.

The member or someone else may complete the form for the member.

Regardless of who completes the form, it MUST BE SIGNED by the Member or Legal Guardian.

Send this request form to:
LifeWise Assurance Company: Member Appeals
PO Box 91102
Seattle, WA 98111-9202
Fax: 425-918-5592

Notice of Privacy Practices

Our Notice of Privacy Practices describes how we may use and disclose member personal information and members' rights concerning it. This notice is on our website at *www.lifewise.com*. If you need a paper copy, call Customer Service at the number listed on the back of your member ID card.

Questions?

Call: Call Customer Service at the number on the back of your member ID card.
Email: Sign in to your account at lifewise.com and select Secure Inbox.

LifeWise

Non-Disclosure Request

Instructions

- Please fill out all the information below.
- **Please print clearly**.
- Make a copy for your records and mail the completed form to:
  LifeWise Assurance Company: Member Appeals
  P.O. Box 91102
  Seattle, WA 98111-9202

A. Member information

Member Name: first name, last name			Member's date of birth (mm/dd/yyyy)
ID prefix: (see ID card)	ID number Suffix		Group policy number
Mailing address	City	State	ZIP code
Daytime phone – include area code			

B. Who should LifeWise not share the member's information with?

First name	Last name
Relationship to member	Phone – include area code

C. What type of information should LifeWise not disclose?

What types of information should LifeWise not share with the person in section B? Check all that apply.

NOTE: To comply with your request we may not be able to share other types of PPI as well.

- ☐ General health information
- ☐ Alcohol and/or chemical dependency
- ☐ Sexually transmitted diseases (HIV/AIDS)
- ☐ Genetic information
- ☐ Reproductive health (including abortion)
- ☐ Gender affirming care, gender dysphoria, domestic violence, and behavioral health

D. Alternate address

Where should LifeWise send the member's written information? Select one.

❍ Use the address in section A. Continue to section E.

❍ Use an alternate address. Complete the next line.

Address	City	State	Zip code

E. Signature – Print this form then sign it below.

The member must still pay for all costs related to their health plan. These include deductibles, copayments, coinsurance, and any non-covered charges owed to providers. This request applies only to the member's current health plan. It stays in effect unless the member notifies LifeWise in writing. LifeWise may have already shared the member's PPI with the person named in Section B before this request was received or while it was being acted upon. LifeWise is not liable for these disclosures. LifeWise will deny or stop acting on a request that includes any minor children if that request does not agree with court orders or documents. This release is voluntary. LifeWise will not condition the member's enrollment in a health plan, eligibility for benefits or payment of claims on giving this release. LifeWise will act upon the member's request within 3 business days of the mail receipt date. Due to automated standard HIPAA transactions, LifeWise won't be able to enforce this in all cases for health care providers.

Member signature	Printed name
X_____	Date signed (mm/dd/yyyy)

F. Who is completing this form?

I am (select one)

❍ The member
❍ Parent. Continue to section G.
❍ Legal guardian. You must attach legal documentation. Continue to section G.
❍ Power or attorney or legal representative. You must attach legal documentation. Continue to section G.
❍ I hold none of the roles mentioned above. Continue to section G.

G. Details of who is completing the form on behalf of the member

First name	Last name	Phone – include area code	
Relationship to member		Fax – include area code	
Address	City	State	Zip code

Notice of availability and nondiscrimination 800-971-1491 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Зверніться за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. LifeWise Assurance Company (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. LifeWise does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. LifeWise provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

LifeWise Assurance Company