LifeWise Assurance Company

How to Request a Record of LifeWise Assurance Company Disclosures

Use this form to request a record (sometimes called a "list") of certain times we shared a member's information with someone outside of our organization. **If your request meets the requirements, we will provide a record of disclosures made within the past six years.**

Instructions

Fill out this form to request a record of disclosures. **Some types of disclosures are not included, as described below.**

If you have questions about this form, contact **Customer Service** using the phone number on the back of your Member ID card.

Cost information

- Your **first request in any 12-month period is free.**
- If there is a fee for additional requests during the same 12-month period, we will let you know before charging you.

Important Information About Records of Disclosures

In certain situations, the law allows us to share member or applicant information with others. Because of these legal allowances, **not all requests for a record of disclosures can be fulfilled.**

We **do not provide** records of disclosures made for the following purposes:

- Treatment, payment, or health care operations
- Disclosures made directly to the member, their legal guardian, or a holder of Power of Attorney (POA)/Legal Representative
- Disclosures approved by the member, their legal guardian, or POA/Legal Representative.
- Research or public health purposes
- National security or intelligence purposes
- Law enforcement or correctional facilities when someone is in custody
- Disclosures that the law otherwise allows

Notice of Privacy Practices

Our Notice of Privacy Practices explains how we may use and disclose member personal information and describes members' privacy rights.

- The notice is available on our website at students.lifewiseac.com.
- To request a paper copy, call Customer Service using the number 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 students.lifewiseac.com and select Secure Inbox.

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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
  P.O. Box 91059
  Seattle, WA 98111-9159

Members have the right to ask for a record of when and with whom we shared their medical and financial information. **If your request meets the requirements, we will provide a record of disclosures made within the past six years.** In certain situations, the law allows us to share member or applicant information with others. Because of these legal allowances, **not all requests for a record of disclosures can be fulfilled**. We do **not** provide records of disclosures made for the following purposes:

- Treatment, payment, or health care operations
- Disclosures made directly to the member, their legal guardian, or a holder of Power of Attorney (POA)/Legal Representative
- Disclosures approved by the member, their legal guardian, or POA/Legal Representative.
- Research or public health purposes
- National security or intelligence purposes
- Law enforcement or correctional facilities when someone is in custody
- Disclosures that the law otherwise allows

To exercise this right, fill out this form.

Please note: We will respond to your request within 60 days of getting this form unless we notify you that we need 30 more days.

A. Member information

Member's name: first name, middle initial, last name	Member's date of birth (mm/dd/yyyy)
Subscriber's name: first name, middle initial, last name	Subscriber ID number

B. Your information if you are not the member

Important: If you are not the member, you must be the member's parent, legal guardian, or holder of the power of attorney (POA). If you are the legal guardian or holder of POA, please send legal proof with this form.
Your name: first name, middle initial, last name
I am not the member. I am the (select one): ❍ Legal guardian ❍ Parent ❍ Holder of Power of Attorney/Legal Representative (must attach supporting legal documentation)

C. Mailing address – Tell us to whom and where you want us to send the disclosure record for this member.

Send to - select one ❍ Member ❍ Parent, legal guardian, or holder of the POA ❍ Another person			
Full name: first name, middle initial, last name			
Mailing address	City	State	ZIP code
Daytime phone – include area code			

D. Disclosure period

Please state the disclosure period. The start date can be no more than 6 years before today's date.	
From date (mm/dd/yyyy)	To date (mm/dd/yyyy)

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

Who must sign this form

- For a member aged 12 or younger, the parent or legal guardian can sign.
- For a member aged 13 or older, the member must sign, unless a court with jurisdiction has deemed the member incapable of consenting to his or her own services and has appointed a legal guardian.

Sign your name X_____	Printed name Date signed (mm/dd/yyyy)

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.
Звертайтесь 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.
મુફત ભાષા સહાયિતા સેવાઓ અને ઉચિત સહાયિક ચીજો અને સેવાઓ વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໃຫ້ເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ 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.

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