LifeWise Assurance Company

How to Authorize the Release of Psychotherapy Notes

Fill out this form to let us share notes that a mental health provider made during counseling or therapy sessions. The provider keeps these notes as a record of treatment and progress. Without this release, we would not share these notes, in most cases.

Instructions

Note: You may have to call the mental health provider to get copies of psychotherapy notes. We do not usually get or keep copies of them.

Make sure to tell us:

- Whom you want to receive a copy of the psychotherapy notes
- How these notes are to be used

If you have questions about this form, please call Customer Service at the number listed on the back of your Member ID card.

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 *students.lifewiseac.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 students.lifewiseac.com and select Secure Inbox.

LifeWise Assurance Company

Authorization for Release of Psychotherapy Notes

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

Please note: We will mail your copies within **30** days of getting this form, unless we notify you in writing within those 30 days that we need 30 more days and why. We will also let you know if we need to charge a fee for any copies.

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 release psychotherapy notes 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. Type of information you are requesting

Reason for release - select one.

- ◯ At the member's request
- ◯ Other. Please state the specific date, time period and event or condition. Example: "a research study"

Date(s) of the record(s) - This could be a range of dates or multiple dates.

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.

By signing my name, below, I understand and agree to the following:

AUTHORIZING THE RELEASE: I allow Premera Blue Cross and its affiliates (the "Company") to release psychotherapy notes only to the person or organization that I listed, above. I understand that the Company needs my written authorization to release these records.

CANCELLING THIS AUTHORIZATION: I may change my mind and cancel this release at any time by writing the Company. After the Company gets my written notice, the Company will cancel this release within five (5) business days. During these five days, the Company may have shared some or all my information. The Company is not liable for this information.

SHARING THIS INFORMATION: The person or organization that receives these notes may be able to share them. State and federal privacy rules may no longer protect them.

DURATION OF RELEASE: This release lasts for twenty-four (24) months from the signature date, below, or as stated, above, under "Reason for Release," unless I write to cancel it.

RIGHT OF REFUSAL: I have the right NOT to sign this authorization. My refusal to sign this form will not affect the member's enrollment in a health plan or eligibility for health benefits.

Sign your name	Printed name
X_____	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.
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.

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