LifeWise
Assurance Company

Authorization for Appeals
Release of Healthcare Information and Records

Purpose:

The purpose of the attached form is to authorize a representative to make an appeal on your behalf, so that he or she may act for you in the appeal process. By completing this form, you authorize us to share the personal information you describe in the attached form with the person or entity you name. We would not normally give information to this person/entity.

Instructions:

Please complete this form and be sure to specify:

1) the person or entity you want to receive your personal information,
2) the type(s) of information you want us to share with them.

This authorization will remain valid until the first of the following events occurs:

- the appeal process is completed;
- you tell us in writing to cancel it; or
- 24 months from the date of your signature expire.

When completed, you may fax the attached form to 425-918-5592 or mail it to:

LifeWise Assurance Company
Attn: Member Appeals
P.O. Box 91102
Seattle, WA 98111-9202

Please keep a copy of this release for your records.

Authorization for Appeals
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Member/Enrollee name: ______________________ (First/MI/Last) Date of birth (m/d/yyyy): ______________

Subscriber name: ______________________ (First/MI/Last) Subscriber ID number: ______________

AUTHORIZED REPRESENTATIVE INFORMATION:
I authorize the following representative to make an appeal on my behalf and to receive records and healthcare information regarding my appeal.

Authorized Representative's Name: ______________________ Phone: (   )   -

Address: ______________________ Fax: (   )   -

City: ______________________ State: ______ ZIP: ______

TYPES OF INFORMATION TO BE RELEASED: I permit LifeWise Assurance Company, or any of its affiliates (the "Company"), to release the following healthcare information to the person/entity listed above. I understand that the Company needs my written authorization to release any healthcare information about testing, diagnosis, procedures and/or treatment for alcohol and/or chemical dependency, reproductive health, sexually transmitted diseases (including HIV/AIDS), genetic information, or psychiatric disorders/mental illness.

Based on the box(es) I have checked below, the Company may release all diagnostic, procedural, claim, prescription or other related information and records.

- ☐ General healthcare
- ☐ Alcohol and/or Chemical dependency
- ☐ Reproductive health (including Abortion)
- ☐ Other (please specify): ______________________
- ☐ Sexually Transmitted Diseases (HIV/AIDS)
- ☐ Psychiatric disorders/Mental illness
- ☐ Genetic information

REDISCLOSURE: Information disclosed as a result of this authorization may be redisclosed by the party listed above as the recipient and may no longer be protected by state and federal privacy rules.

TIMEFRAME OF RELEASE: Unless I revoke it, this release will remain valid until the appeal process is completed, not to exceed twenty-four (24) months from the date of my signature, below.

*Signature: ______________________ Date Signed (m/d/yyyy): ______________

Print Name: ______________________

*If not the member/enrollee, I am the: ❑ Parent ❑ Legal Guardian ❑ Holder of Power of Attorney

If you are the legal guardian or holder of a power of attorney for the member/enrollee, attach legal documentation.

REVOCATION OF RELEASE: I understand that I may change my mind and revoke this release at any time.
I will do this by letting the Company know of my decision. Any change will be effective five (5) business days after the Company receives my written notice at the address listed at the bottom of this form. I understand that some or all of this information may already have been shared and that the Company will not be liable for any information already released.

NO CONDITIONS: This authorization is voluntary. We will not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this authorization.

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LifeWise
Assurance Company

Discrimination is Against the Law

LifeWise Assurance Company (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise 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, audio, accessible electronic formats, other formats). LifeWise 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 the 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, or sex, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-971-1491 (TTY: 711).

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 800-971-1491（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-971-1491 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-971-1491 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-971-1491 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-971-1491 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-971-1491 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-971-1491 (TTY: 711)។

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。800-971-1491（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-971-1491 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-971-1491 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-971-1491 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-971-1491 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-971-1491 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-971-1491 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-971-1491 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-971-1491 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-971-1491 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-971-1491 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-971-1491 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 800-971-1491 تماس بگیرید.

037404 (11-06-2019)