



Authorization to Use and Disclose Health Information

NOTICE TO MEMBER

- Completing this form will allow Health Net to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to sign this form or give permission to use or share your health information. Your services and benefits with Health Net will not change if you do not sign this form.
- Right to cancel (revoke): This authorization/consent form is subject to revocation at any time except to the extent that Health Net or other lawful holder of your health information that is permitted to share it has already acted in reliance on it. If you want to cancel this Authorization Form, fill out the Revocation Form on page 2 and mail it to the address at the bottom of page 3.
- Health Net cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of page 3.

Member information			
Member name (print):			
Member date of birth: / /		Member ID number:	
I GIVE HEALTH NET PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSE IDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS:			
<input type="checkbox"/> to allow Health Net to help me with my benefits and services, and/or <input type="checkbox"/> to permit Health Net to use or share my health information for _____			
Person or group to receive information (add additional persons or groups on page 2)			
Name (person or group):			
Address:			
City:	State:	ZIP:	Phone: () -

(Continued)

Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

I authorize Health Net to use or share the following health information:

All of my health information (INCLUDING genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed):

_____); **OR**

All of my health information EXCEPT (check all boxes that apply):

- Genetic information, services or tests
- HIV/AIDS data and records
- Drug and alcohol data and records
- Mental health data and records (but not psychotherapy notes)
- Prescription drug/medication data and records
- Other _____

Expiration of authorization

This authorization will expire on / / (mm/dd/yy); validation good for a one-year maximum. If no date is provided, this authorization will expire in one year.

Member signature (member or legal representative sign here):

Date:

 / /

If you are signing for the member, describe your relationship below. If you are the member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

(Continued)

Additional individual person(s) or entity(ies) to receive information

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, “recipient entity”), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City:

State:

ZIP:

Phone:

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Name (individual or entity):

Address:

City:

State:

ZIP:

Phone:

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Name (individual or entity):

Address:

City:

State:

ZIP:

Phone:

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Mail completed form to:
Health Net Eligibility Department
P.O. Box 10420
Van Nuys, CA 91499-6208
Phone: 1-800-275-4737
Fax Number: 844-222-3180

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- 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, accessible electronic formats, other formats).
- 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 Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net 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 by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center 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 Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

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Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.
ARMENIAN	ՈՒՇԱՂԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
PERSIAN	توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) تماس بگیرید. (TTY:711)
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) にお電話ください。
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (مكبلو ومصلا فتاه مقرر: 711).

PUNJABI	<p>ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।</p>
MON-KHMER CAMBODIAN	<p>ចំណាប់អារម្មណ៍: បេសនអ្នកនយោបាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គ្មានសវនករ។ សូម ទូរស័ព្ទទៅលេខ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។</p>
HMONG	<p>LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).</p>
HINDI	<p>ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711). पर काल करें।</p>
THAI	<p>เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
UKRAINIAN	<p>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
ROMANIAN	<p>ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
CUSHITE	<p>XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
GERMAN	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
FRENCH	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>