Authorization for Release of Protected Health Information (PHI)

Sections 1 through 9 must be completed for this authorization to be valid. *INCOMPLETE FORMS* will not be processed and will be returned to the requestor for additional information. A copy of this authorization form will be available to you, but you should retain a copy for your records.

1. MEMBER INFORMATION TO BE RELEASED

Print Name Of Member

Member Date of Birth

Member Health Plan I.D. Number

Member Address

Member Primary Phone Number

Member Secondary Phone Number

2. LUCET WILL RELEASE MEMBER INFORMATION TO

Organization or Person

Address

City, State, Zip

Primary Phone Number

Secondary Phone Number

Email Address

Fax Number

3. PREFERRED DELIVERY METHOD

☐ **Mail Information** ☐ **Email Information (If file size permits)** ☐ **Fax Information (If file size permits)**

Note: If information is shared with a person or organization that is not legally required to obey privacy laws, the information may be shared with others and may no longer be protected.

4. PURPOSE OF RELEASE

☐ Legal ☐ Insurance ☐ Healthcare provider ☐ Copies for personal use

☐ Other _____

5. INFORMATION TO BE RELEASED (Please check only one box)

☐ All information about eligibility, enrollment, plan benefits, claims, correspondence to or from Lucet and prior authorization or determinations for services provided by any physician or hospital. (INCLUDING alcohol and substance use or abuse information).

☐ All information about eligibility, enrollment, plan benefits, claims, correspondence to or from Lucet and prior authorization or determinations for services provided by any physician or hospital. (EXCLUDING alcohol and substance use or abuse information).

☐ Only specific information: _____

6. RELEASE INFORMATION PERTAINING TO THIS TIME PERIOD (Please check only one box)

☐ Any and all dates, including future dates until expiration of authorization

☐ From _____ to _____

MM/DD/YYYY MM/DD/YYYY

7. EXPIRATION OF AUTHORIZATION

Valid for one (1) year unless otherwise specified or revoked.

8. PATIENT AUTHORIZATION

I understand that:

- The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- Lucet does not condition payment, enrollment, or eligibility for benefits on whether I sign this authorization.
- I may revoke this authorization at any time by notifying Lucet. Revocation of this authorization will not affect any action taken in reliance of this authorization before the revocation was received.

If signing authorization as Power of Attorney, Power of Attorney for Health Care, or Guardian/Conservator, a copy of the legal document MUST ACCOMPANY this form.

9. SIGNATURE

_____ _____

(Member, Guardian, or Authorized Representative) Date (MM/DD/YYYY)

_____

Relationship of Authorized Representative to Member

_____ _____

Minor Signature (Signature of Minor Where Required) Date (MM/DD/YYYY)

Substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without written consent unless otherwise provided for by the regulations.

Nondiscrimination and Accessibility Notice (ACA §1557)

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

Lucet provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Lucet at 800-528-5763 (TTY/TTD services are available for hard of hearing and deaf callers).

If you believe that Lucet 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:

Compliance Officer
P.O. Box 6729
Leawood, KS 66206-0729
1-855-580-4871 (phone)
816-237-2359 (fax)
compliance@LucetHealth.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, our Compliance Officer 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
800–868–1019, 800–537–7697 (TDD)

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

Lucet: 800-528-5763 (TTY/TTD services are available for hard of hearing and deaf callers)

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-528-5763

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 1-800-528-5763

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-528- 5763 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
528-5763

1-800-

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-5763-528-800)رقم
هاتف الصم والبكم:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-528-5763

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-528-5763

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-528-5763

સચનાૂ: જો તમે ગજરાતીુ બોલતા હો, તો નન:શલ્ક ભાષા સહાય સવાઓે તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-
528-
5763

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-528-5763

ध्यान दें: यदद आप हिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा 1-800-528-5763 पर कॉल
सहायता सेवाएं उपलब्ध हैं। करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-528-5763

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-528-5763

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-528-5763

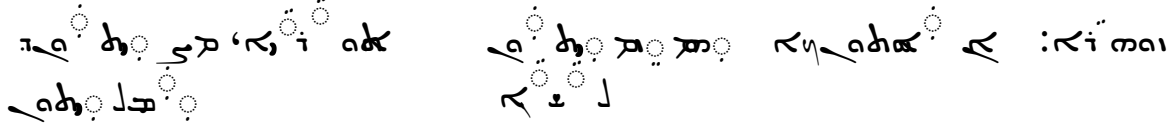
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-528-5763

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-528-5763 irtibat numaralarını arayın.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-528-5763

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。1-800-528-5763 まで、お電話にてご連絡ください。

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-528-5763।



1-800-528-5763 

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-528-5763

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-528-5763

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-528-5763 تماس بگیرید.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-528-5763

LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1-800-528-5763

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-528-5763

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-528-5763

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-528-5763

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال

کریں 1-800-528-5763