Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

Authorization for Sharing Health Information

Please print clearly in blue or black ink.

This form is used to share your protected health information ("PHI") where your authorization is required by federal and state privacy laws. Your authorization allows Keystone First – CHIP to share your PHI with the person(s) or organization(s) that you choose. You can also choose to allow the person(s) or organization(s) to share your PHI with Keystone First – CHIP. You can cancel this authorization at any time by contacting Keystone First – CHIP. Call Enrollee Services at **1-844-472-2447 (TTY 711)** for more information.

Part A. Enrollee information (person whose PHI will be shared)

Enrollee first name:			Middle initial:
Last name:	Enrollee ID (see ID card):		
Enrollee street address:			
City:		State:	ZIP code:
Enrollee date of birth:	Daytime phone number (with area code):		
Enrollee email address :			

Part B. Recipient (person or organization that will receive your PHI)

The following person or organization has the right to receive my PHI:			
Do you want the following person or organization to also share your PHI with us? ☐ Yes ☐ No			
First name:	Last name:		
Organization name (if applicable):			
Address:			
City:		State:	ZIP code:
Phone number (with area code):			
Relationship to Enrollee in Part A:			
Recipient email address:			

Part C. Description of the PHI to be shared

Tell us what types of PHI can be shared. You can check as many boxes as you want. At least one box must be checked. Note: Some sharing of PHI without your authorization is permitted by state and federal law.

☐ **Non-sensitive condition records.** All PHI related to my health and the provision of and payment for my health care benefits and services, **except for sensitive conditions as set forth below**.
Note: Federal law requires a separate authorization to share psychotherapy notes.

☐ **Sensitive condition records.** Some laws allow you to give specific permission to share sensitive PHI. Please check the boxes below for sensitive PHI that is OK to share. By checking these boxes, you give permission for all your records containing that type of PHI to be shared. If you only want to authorize sharing of a subset of records, such as records about only one diagnosis, fill out the "Only limited information" section on Page 2.

- ☐ Genetic information
- ☐ HIV/AIDS
- ☐ Substance or alcohol use
- ☐ Mental/behavioral health (including inpatient treatment)
- ☐ Sexually transmitted disease
- ☐ Abortion and family planning
- ☐ Communicable diseases

Part C. Description of the PHI to be shared (continued)

☐ **Only limited information.** In the box below, describe the PHI you want shared. Examples:

- The claim related to my service on [date]
- Appeal information related to my claim on [date]

Please describe the information you want shared:

Part D. Purpose of this authorization

This authorization is valid for sharing of PHI for the following purposes. (Please check one or both boxes.)

☐ To help diagnose, treat, manage, and/or pay for my health needs

OR

☐ For the following reason:

This authorization shall be invalid if used for any purpose other than the purpose(s) stated above.

Part E. Expiration date of this authorization

This authorization will expire: Please check only one box.

☐ I want the authorization to expire one (1) year after my coverage with Keystone First – CHIP ends. (See information below.)*

OR

☐ Upon the following date, event, or condition:*

* Keystone First – CHIP must be notified of the event/condition to cancel this authorization. In North Carolina and New Jersey, this authorization automatically expires one year after the date it was signed, unless you choose an earlier date. In New Hampshire, the authorization automatically expires two years after the date it was signed, unless you choose an earlier date. In Louisiana, if you are requesting the sharing of genetic information, the authorization expires 60 days after the date it was signed, unless you choose an earlier date. In the District of Columbia, if you are requesting the sharing of mental health information, the authorization automatically expires one year after the date it was signed, unless you choose an earlier date.

Part F. Approval: You OR your personal representative must sign and date this form in order for it to be processed.

I understand that this authorization for sharing my PHI is voluntary and is not a condition of enrollment in Keystone First – CHIP, eligibility for benefits, or payment of claims. I understand that I may cancel this authorization at any time by submitting a request to Keystone First – CHIP, and that canceling this authorization will not affect any action taken pursuant to the authorization prior to my request to cancel. I also understand that if I cancel this authorization, I should separately notify the individual(s) or organization(s) listed in Part B if I wish for those individual(s) or organization(s) to no longer share my PHI. I also understand that if the person or organization I authorize to receive my PHI described above is not subject to federal or state health information privacy laws, they may further share my PHI and it may no longer be protected by federal or state privacy laws. I also understand that I or my personal representative have a right to receive a copy of this form and to review my PHI that may be shared because of this authorization.

Authorization for Sharing Health Information

Enrollee signature: By signing below, I authorize the sharing of my PHI as described above.	
Signature of Enrollee:	Date:

Personal representative information: By signing below, I authorize the sharing of PHI about the Enrollee listed above. (A personal representative is a person who has the legal authority to make health care decisions on the Enrollee's behalf. A copy of a power of attorney or other legal health care documents must be on file at Keystone First – CHIP or submitted with this form.)	
Printed name of personal representative:	
Address of representative:	
Description of personal representative's authority:	
Signature of personal representative:	
Date:	Phone number:
Return the completed form to: Consent Processing Center, P.O. Box 211413, Eagan, MN 55121	

Addendum to Authorization for Sharing Health Information

Verbal consent

We, the undersigned, attest that the Enrollee listed in Part A above is **physically unable** to sign this authorization. Verbal consent does not replace the need for documentation showing that another person is the Enrollee's personal representative, and cannot replace this documentation simply because it is inconvenient for the Enrollee to sign.

Reason the Enrollee is unable to sign:

The signatures below indicate:

- The information on this form was communicated to the Enrollee.
- The Enrollee indicated their understanding of the information in this authorization.
- The Enrollee freely gave their consent.

Method of communication to Enrollee:

☐ Phone

☐ In person

☐ Other (explain):

Witness printed name:	Witness printed name:
Witness signature:	Witness signature:
Date:	Date:

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Nondiscrimination Notice

Keystone First – CHIP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Keystone First – CHIP does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Keystone First – CHIP 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)

Keystone First – CHIP 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 **Keystone First – CHIP** at **1-844-472-2447 (TTY 711)**.

If you believe that **Keystone First – CHIP** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Keystone First **–** CHIP,
Enrollee Complaints Department,
Attention: Enrollee Advocate,
200 Stevens Drive
Philadelphia, PA 19113-1570
Phone: **1-844-472-2447**, TTY **711**,
Fax: **215-937-5367**, or
Email: PAmemberappeals@amerihealthcaritas.com

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: **(717) 787-1127**, TTY/PA Relay **711**,
Fax: **(717) 772-4366**, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Keystone First **–** CHIP and the Bureau of Equal Opportunity are 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, phone or email at:

U.S. Department of Health and Human Services,
200 Independence Avenue S.W.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, **800-537-7697** (TDD).
OCRMail@hhs.gov

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

Nondiscrimination Notice

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-472-2447 (TTY 711)** or speak to your provider.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-844-472-2447 (TTY 711)** o hable con su proveedor.

Chinese; Mandarin
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-844-472-2447**（文本电话 **711**）或咨询您的服务提供商。

Nepali
सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। **1-844-472-2447 (TTY 711)** मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Russian
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-844-472-2447 (TTY 711)** или обратитесь к своему поставщику услуг.

Arabic
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-844-472-2447 (TTY 711)** أو تحدث إلى مقدم الخدمة.

Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **1-844-472-2447 (TTY 711)** oswa pale avèk founisè w la.

Vietnamese
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-844-472-2447 (Người khuyết tật 711)** hoặc trao đổi với người cung cấp dịch vụ của bạn.

Ukrainian
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером **1-844-472-2447 (TTY 711)** або зверніться до свого постачальника.

Nondiscrimination Notice

Chinese; Cantonese
注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 **1-844-472-2447（TTY 711）**或與您的提供者討論。

Portuguese
ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para **1-844-472-2447 (TTY 711)** ou fale com seu provedor.

Bengali
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **1-844-472-2447 (TTY 711)** নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

French
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-844-472-2447 (TTY 711)** ou parlez à votre fournisseur.

Cambodian
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសា
ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជំសមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន
ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ **1-844-472-2447 (TTY 711)**
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Korean
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-844-472-2447 (TTY 711)**번으로 전화하거나 서비스 제공업체에 문의하십시오.

Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-844-472-2447 (TTY 711)** પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.