

# Authorization for Disclosure of Protected Health Information



When you joined CalViva Health, we let you know in your Member Handbook that certain administrative and support services are provided to CalViva Health under contractual arrangements with various third parties.

Completion of this document authorizes the disclosure of your protected health information (PHI) as set forth below. This authorization is required for the use or disclosure of your PHI beyond uses and disclosures for payment, treatment or health care operations to comply with the terms of federal HIPAA regulation 45 C.F.R. 164.508. A copy of this form is as valid as the original. You hereby authorize CalViva Health to furnish to the person or entity identified below the health information described below.

## Verification of individual whose information will be released – please print

Member name: \_\_\_\_\_ Member date of birth: \_\_\_\_\_

CalViva Health or Medi-Cal ID #: \_\_\_\_\_ Member age (if minor): \_\_\_\_\_

- All of my health information (INCLUDING genetic information, services or test results; HIV/AIDS data and records; mental health data and records; prescription drug/medication data and records; and drug and alcohol data and records).

OR just information about topics checked below:

## Description of information to be released – please print

This Authorization is limited to the following health information (check applicable box(es):

- |  |   |
|--|---|
| <input type="checkbox"/> Application, enrollment, eligibility information  | <input type="checkbox"/> Account information  |
| <input type="checkbox"/> Claims/explanation of benefit information   | <input type="checkbox"/> Pharmacy information |
| <input type="checkbox"/> Prior authorization   | <input type="checkbox"/> Medical records      |
| <input type="checkbox"/> Premium billing/payment information   | <input type="checkbox"/> Drug treatment       |
| <input type="checkbox"/> Alcohol treatment   |   |
| <input type="checkbox"/> HIV/AIDS-related information, including AIDS-related complex (ARC) or confidential communicable disease-related information |   |
| <input type="checkbox"/> Other information (please describe): _____  |   |

## Person or entity to receive information

Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Expiration of authorization

This authorization will expire \_\_\_\_\_ (mm/dd/yy).

**Note:** The length of time this authorization is valid may not exceed one year in California. If left blank, this authorization will expire 365 days from the signed date of this authorization.

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## Important information

- If the person or organization you authorized to receive the information described above is not subject to federal health information privacy laws, they may further release the protected health information and it may no longer be protected by federal privacy laws.
- You may revoke this authorization at any time in writing by sending it to the CalViva Health Privacy Office 7625 N. Palm Ave., Suite 109 Fresno, CA 93711, as set forth in the CalViva Health Notice of Privacy. Your revocation will be effective upon receipt but will not be effective to the extent that CalViva Health or others have acted in reliance upon this authorization.
- Neither payment, enrollment nor eligibility for benefits will be conditioned on your providing or refusing to provide this authorization. This restriction does not apply if CalViva Health is seeking to obtain information in connection with your eligibility or enrollment in CalViva Health, when you are not already a member, or to obtain information required for payment of a specific claim for bene-fits.
- You have a right to receive a copy of this authorization.
- For recipient of substance use disorder information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient with a diagnosis of substance use disorder.

### Mail completed form to:

CalViva Health, NCO, PO Box 10697, San Rafael, CA 94912

Fax: (415) 257-1484

**By signing this authorization, you agree that you have read and understand the above information and that your signature authorizes the disclosure of the information described above.**

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Signature of member, personal representative, parent/guardian who is authorizing the disclosure.

Date

If this authorization is signed by a personal representative of the member we will require verification of the individual's authority to act as personal representative before any PHI is disclosed pursuant to this authorization. If this authorization is signed by a parent/guardian of a minor member, we may require additional information, including a separate authorization signed by the minor member before disclosing any PHI regarding the member.

# Nondiscrimination Notice

CalViva Health complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

## CalViva Health:

- 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 the CalViva Health Member Services Department at 1-888-893-1569 (TTY: 711) toll free 24 hours a day, 7 days a week. Or if you cannot hear or speak well, please call TTY: 711.

## How to file a grievance

If you believe that CalViva Health has failed to provide these services or discriminated in another way, you can file a grievance by phone, in writing, or electronically:

- **By phone:** Call CalViva Health toll free 24 hours a day, 7 days a week at 1-888-893-1569. Or if you cannot hear or speak well, please call TTY: 711.
- **In writing:** Call CalViva Health toll free 24 hours a day, 7 days a week at 1-888-893-1569 (TTY: 711) and ask to have a form sent to you. Your doctor's office will also have grievance forms available. Fill out the grievance form or send a letter to:

CalViva Health Member Appeals and Grievances Department  
P.O. Box 10348  
Van Nuys, CA 91410-0348  
Fax: 1-877-713-6189

- **Electronically:** Visit CalViva Health's website at [www.calvivahealth.org](http://www.calvivahealth.org).

## Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex by phone, in writing, or electronically:

- **By phone:** Call 1-800-368-1019 or if you cannot hear or speak well, please call TTY/TDD 1-800-537-7697.
- **In writing:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

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

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

**English:** If you, or someone you're helping, has questions about CalViva Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-888-893-1569 (TTY: 711).

**Arabic:** إذا كان لديك أو شخص ما تساعدك أية استفسارات عن CalViva Health, لديك الحق في تلقي المساعدة والمعلومات بلغتك مجاناً. للتحدث إلى مترجم فوري، اتصل على الرقم 1-888-893-1569 (TTY: 711).

**Armenian:** Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, հարցեր CalViva Health-ի մասին, դուք իրավունք ունեք ստանալ օգնություն և ձեր լեզվով անվճար տեղեկություններ: Թարգմանչի հետ խոսելու համար զանգահարեք 1-888-893-1569 հեռախոսահամարով (TTY: 711)

**Cambodian (Khmer):** បើសិនលោកអ្នក ឬនរណាម្នាក់ដែលលោកអ្នកកំពុងជួយមានសំណួរអំពី CalViva Health លោកអ្នកមានសិទ្ធិ ទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់លោកអ្នកដោយឥតគិតថ្លៃ។ ដើម្បីប្រឹក្សាជាមួយអ្នកបកប្រែ សូមហៅទូរស័ព្ទទៅលេខ 1-888-893-1569 (TTY: 711)។

**Chinese (Traditional):** 如果您或您協助的人士對 CalViva Health 有疑問，您有權免費取得以您的語言提供的協助及資訊。如欲取得口譯員協助，請致電 1-888-893-1569 (TTY: 711)。

**Hindi:** यदि आप, या कोई व्यक्ति जिसकी आप मदद कर रहे हैं, के CalViva Health के बारे में प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क मदद प्राप्त करने और जानकारी प्राप्त करने का अधिकार है। एक अनुवादक से बात करने के लिए, 1-888-893-1569 (TTY: 711) पर कॉल करें।

**Hmong (White):** Yog koj, lossis lwm tus koj pab, muaj lus nug txog CalViva Health, koj muaj txoj cai tau kev pab thiab ntaub ntawv ua koj hom lus tsis muaj nqi them. Xav nrog ib tug neeg txhais lus, hu 1-888-893-1569 (TTY: 711).

**Japanese:** あなたご自身またはあなたが援助している方がCalViva Healthに関する質問をお持ちの場合、あなたには無料で日本語によるサポートと情報を得る権利があります。通訳とお話になるには、1-888-893-1569 (TTY : 711) までお電話ください。

**Korean:** 귀하 또는 귀하가 도와드리고 있는 분이 CalViva Health에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역사와 통화하려면 1-888-893-1569 (TTY: 711) 번으로 전화해 주십시오.

**Laotian:** ຖ້າທ່ານ ຫຼື ຜູ້ໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບ CalViva Health, ທ່ານມີສິດໃນການຮັບການຊ່ວຍເຫຼືອ ແລະ ຮັບຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ຕ້ອງເສຍຄ່າໃດໆ. ລົມກັບລ່າມພາສາ, ໂທ 1-888-893-1569 (TTY: 711).

**Persian (Farsi):** اگر شما یا شخصی که به وی کمک می کنید، سوالاتی در مورد CalViva Health دارید، شما حق دارید که کمک و اطلاعات را به زبان خودتان و به طور رایگان دریافت کنید. برای گفتگو با مترجم شفاهی، با شماره 1-888-893-1569 (TTY: 711) تماس بگیرید.

**Panjabi (Punjabi):** ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ, ਜਿਸਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ CalViva Health ਹੈਲਥ) ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਹੱਕ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ਿਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-888-893-1569 (TTY: 711) 'ਤੇ ਫੋਨ ਕਰੋ।

**Russian:** Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о плане CalViva Health, Вы имеет право бесплатно получить необходимые сведения в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону 1-888-893-1569 (TTY:711).

**Spanish:** Si usted, o alguna persona a la que asiste, tiene preguntas sobre CalViva Health, tiene derecho a obtener ayuda e información en su idioma sin cargo. Para hablar con un intérprete, llame al 1-888-893-1569 (TTY: 711).

**Tagalog:** Kung ikaw o ang isang taong tinutulongan mo ay mayroong mga tanong tungkol sa CalViva Health, mayroon kang karapatang makakuha ng tulong at impormasyon na nasa wika mo nang walang babayaran. Para makipag-usap sa isang interpreter, tumawag sa 1-888-893-1569 (TTY: 711).

**Thai:** หากคุณ หรือคนที่คุณกำลังให้ความช่วยเหลือ มีคำถามเกี่ยวกับ CalViva Health คุณมีสิทธิที่จะขอรับความช่วยเหลือและข้อมูลเป็นภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการคุยกับล่าม โทร 1-888-893-1569 (TTY: 711).

**Vietnamese:** Nếu quý vị, hoặc một người nào đó quý vị đang giúp đỡ, có thắc mắc về CalViva Health, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch viên, hãy gọi số 1-888-893-1569 (TTY: 711).