



## Community Health Plan of Washington Authorization to Disclose Protected Health Information

Use this form if you want Community Health Plan of Washington (CHPW) to share your protected health information (PHI) with someone other than you.

1. **Member Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Member ID Number:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
**Member Address:** \_\_\_\_\_  
**Member email:** \_\_\_\_\_  
**Member Phone:** \_\_\_\_\_ **Member Fax:** \_\_\_\_\_
- Choose one:**  Ok to leave message with detailed information.  
 Leave message with call-back number only.

2. CHPW will only disclose the protected health information you want disclosed.

**2A: Check only one box below to tell CHPW the specific protected health information you want disclosed:**

- Limited Information (go to question 2B)  
 Any Information (go to question 3)

**2B: Complete only if you selected "limited information." Check all that apply:**

- Information about your eligibility  
 Information about your claims  
 Information about premium payments  
 Other (list the specific information you want released): \_\_\_\_\_

**2C: Complete only if you wish to release protected health information related to protected diagnosis:**

- Information about sexually transmitted disease (STD) testing and treatment, including HIV/AIDS testing and treatment (STDs include, but are not limited to, herpes, herpes simplex, genital warts, human papillomavirus, condyloma, chlamydia, syphilis, gonorrhea, etc.)
- Information about pregnancy tests, abortion services, prenatal care, and birth control
- Mental health information, including symptoms, diagnosis, medications, evaluations, and treatment plans
- Chemical dependency information, including symptoms, diagnosis, medications, and treatment plan (**Substance Use Disorder (SUD) information requires a signed written authorization**)

**3. Check only one box below indicating when this authorization to disclose your protected health information will expire** (subject to applicable law—for example, Washington State may limit how long CHPW may give out your protected health information):

- When I revoke this authorization
- Upon the following date, event, or condition: \_\_\_\_\_

**4. Fill in the reason for the disclosure (you may write “at my request”):**

\_\_\_\_\_

**5. Fill in the name and address of the person or organization to whom you want CHPW to disclose your protected health information. Please provide the specific name of the person for any organization you list below. If you would like to authorize any additional individuals or organizations, please add those to the back of this form.**

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

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

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

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





<p><b>If you are a Washington Apple Health (Medicaid) Member</b></p> <p>Contact Customer Service toll-free at 1-800-440-1561, Monday – Friday, from 8am to 5pm.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://www.chpw.org/for-members/your-privacy-and-rights/">https://www.chpw.org/for-members/your-privacy-and-rights/</a></p>	<p><b>If you are a CHPW Medicare Advantage Member</b></p> <p>Contact Customer Service toll-free at 1-800-942-0247, 7 days a week, from 8am to 8pm.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://medicare.chpw.org/member-center/member-rights/">https://medicare.chpw.org/member-center/member-rights/</a></p>
<p><b>If you are a Cascade Select Member</b></p> <p>Contact Customer Service toll-free at 1-866-907-1906, Monday – Friday, from 8:00 a.m. to 5:00 p.m.</p> <p>If you are hearing or speech impaired, please call TTY 711 (toll-free).</p> <p>The notice is also available online at: <a href="https://www.chpw.org/for-members/your-privacy-and-rights/">https://www.chpw.org/for-members/your-privacy-and-rights/</a></p>	

**\*\* PLAN USE ONLY \*\***

This authorization was revoked on: \_\_\_\_\_

CHPW representative signature: \_\_\_\_\_