



PacificSource Community Solutions
 PO Box 5729, Bend, OR 97708-5729
 800.431.4135 Central Oregon
 855.204.2965 Columbia Gorge
 CommunitySolutions.PacificSource.com

Authorization to Use and Disclose Protected Health Information

Si usted necesita servicios de intérprete, por favor llame al teléfono (800) 431-4135 si vive en Central Oregon o al teléfono (855) 204-2965 si vive en Columbia Gorge. TTY deben llamar al (800) 735-2900.

You can get this letter in another language, large print, or another way that's best for you. Call toll-free at (800) 431-4135 in Central Oregon or (855) 204-2965 in the Columbia Gorge. TTY users call (800) 735-2900.

I hereby authorize PacificSource Community Solutions, its agents, affiliates, or subsidiaries, to disclose the personal health information indicated below to the persons or entities specified on this form.

All sections must be complete for this authorization to be valid.

Please print your responses on the form.

Member Information		
Member Name:	Date of Birth:	
Member Address:		
City:	State:	Zip:
Phone:	Member ID Number:	
Who is Authorized to Receive my Personal Health Information		
Name:		
Address:		
Phone:	Fax:	
Are the authorized person(s)/entities allowed to change my primary care provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the authorized people(s)/entities allowed to change my address?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Types of Information to be Released and How it Will be Used

If the information has any of the types of records or information listed below, additional laws relating to use and release may apply. I understand that this information will only be released if I put my initials in the space next to the information:

_____ (Initials)	HIV/AIDS Information	_____ (Initials)	Mental Health Information
_____ (Initials)	Genetic Testing Information	_____ (Initials)	Drug/Alcohol Diagnosis, Treatment, and Referral

I understand that the information used and released as stated in this authorization may be subject to re-release and no longer protected under federal or state law. I also understand that federal or state law does not allow re-release of HIV/AIDS, mental health and drug/alcohol diagnosis, treatment, vocational rehabilitation records, or referral information without specific authorization.

Information obtained with this authorization will be used for the purpose defined below and will be limited to the minimum necessary information.

Please also list any limitations you would like to place on the use of this information:

Right to Cancel Authorization

I understand I have the right to cancel this authorization in writing at any time. If I cancel this authorization, the information described above will no longer be used or released for the reasons in this written authorization. Any uses or releases made with my permission cannot be taken back.

To cancel this authorization, I understand I must send a written and signed statement. Please mail to PacificSource Community Solutions, PO Box 5729 Bend, OR 97708-5729. You may also fax your request to (541) 322-6423.

Unless I cancel this authorization, it will remain valid for twenty-four (24) months from the date of my signature below, or earlier if requested.

Acknowledgement and Signature

By signing this form, I authorize PacificSource Community Solutions, its agents or subsidiaries, to release the following specific confidential information about me. I acknowledge that I have read this authorization and understand that the day I sign and date this form is when this authorization becomes effective.

Signature: _____ Date: _____

Signature of Authorized Representative

Relationship to the Member: _____

Signature: _____ Date: _____

Please provide all legal documentation proving your relationship to the member.
(Upon request only)

Children of the following ages must sign the "Authorization to Use and Release Protected Health Information" form to release their personal health information to any person or entity:

- **14 years of age and above – Chemical Dependency**
- **15 years of age and above – All other medical conditions**

Please keep a copy of this form for your records.

By using this document, you agree to the following conditions: This document is provided as reference material only. You may not alter or modify this document in any manner. The most recent version of this document replaces all prior versions.

Please mail or fax completed form to:

Mail: PacificSource Community Solutions
P.O. Box 5729, Bend, OR 97708

Fax: (541) 322-6423

Nondiscrimination Statement

PacificSource and network providers must treat you fairly. Our providers and we must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation

Everyone has a right to know about and use our programs and services. We give free help when you need it. Some examples of the free help we can give are:

- Sign language interpreters
- Spoken language interpreters for other languages
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If You Need Help

If you need help or have a concern, please contact our Customer Service department or our Civil Rights manager toll-free Monday - Friday, 8:00 a.m. - 5:00 p.m. at:

Customer Service Department

- (800) 431-4135 Central Oregon
- (855) 204-2965 Columbia Gorge
- (800) 735-2900 TTY

Civil Rights Manager

- Kristi Kernutt
- (541) 225-1967, (800) 735-2900 TTY
 - Email: Kristi.Kernutt@pacificsource.com
 - Mail: PO Box 7068
Springfield, OR 97475-0068

To File a Complaint

To file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR):

- Web: www.HHS.gov/Civil-Rights/For-individuals/Section-1557/Translated-resources
- Email: OCRComplaint@hhs.gov
- Phone: (800) 368-1019
(800) 537-7697 (TDD)
- Mail: OCR
200 Independence Avenue SW
Room 509F, HHH Bldg.
Washington, DC 20201

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call toll-free (800) 431-4135, (800) 735-2900 TTY.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 431-4135, (800) 735-2900 TTY.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 431-4135, (800) 735-2900 TTY.

繁體中文 (Chinese): 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 (800) 431-4135, (800) 735-2900 TTY.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 431-4135, (800) 735-2900 TTY.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 431-4135, (800) 735-2900 TTY.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (800) 431-4135, (800) 735-2900 TTY.

日本語 (Japanese): 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 (800) 431-4135, (800) 735-2900 TTY.まで、お電話にてご連絡ください

العربية (Arabic): بالمجان لك توافر اللغوية المساعدة خدمات فإب اللغة، انكر ت تحدث كنت إذا: ملحوظة 5314-134-(008), 0092-537-(008) TTY: هال صم وال بكم

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 431-4135, (800) 735-2900 TTY.

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (800) 431-4135, (800) 735-2900 TTY.

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ (800) 431-4135, (800) 735-2900 TTY.។

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (800) 431-4135, (800) 735-2900 TTY.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (800) 431-4135, (800) 735-2900 TTY.

(Farsi): به رای رایگان به صورت زبانی ت سه یلات ک نید، می گ ف تگو فارسی زبان به اگر ت وجه: 5314-134-(008), 0092-537-(008) TTY: شما

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (800) 431-4135, (800) 735-2900 TTY.