

Authorization to Use or Disclose Protected Health Information via Electronic Means



You have the right to request that protected health information about you that is maintained electronically by Aspirus Health Plan be sent to you via **unencrypted** email. Before transmitting this information, Aspirus Health Plan must first advise you of the risks associated with transmitting unencrypted email. Please review the "Alert for Electronic Communications" below in which we notify you of these risks. If after reviewing the Alert you decide that you want to receive communications via unencrypted email, then complete the form below and we will transmit your protected health information by email. Aspirus Health Plan is not responsible for unauthorized access of PHI while in transmission to you based on your request and is not responsible for safeguarding information once delivered to you. **NOTE: Aspirus Health Plan does not maintain original medical records. We advise members to contact their provider's office, clinic, or hospital to obtain medical records. Members must follow the provider's procedures for accessing medical records.**

Directions: Complete all parts of the form, print out, sign, and date. Patient or representative should keep a copy.

Return a copy of completed form to: Aspirus Health Plan, ATTN: Legal/Privacy, PO Box 1062, Minneapolis, MN 55440 or email to: CustomerService@aspirushealthplan.com. If you have questions, please call Customer Service at: 866.631.5404.

Mail original signed form to the person or organization releasing the information.

PART A: MEMBER INFORMATION			
Member Last Name	Member First Name	MI	Member Date of Birth
Member Street Address	City	State	Zip Code
Phone Number (include area code)	Cell Number (include area code)	Subscriber Number (ID Card)	
Complete the following only if the person making the request is not the member			
Name of Requestor	Relationship to Member	Legal Authority*	Phone Number (include area code)
Address	City	State	Zip Code
PART B: AUTHORIZATION			
By signing this form, I authorize Aspirus Health Plan to communicate with me and other health care providers as necessary for my/the member's medical care, billing, payment, and/or treatment purposes via:			
<input type="checkbox"/> Email communication. I authorize emails to be sent to the following email address. List the email address where you would like to receive email communications: _____			
<input type="checkbox"/> Video conference <input type="checkbox"/> Audio conference <input type="checkbox"/> Other electronic means—please describe: _____			
I understand that the following types of protected health information may be used, disclosed, and retained by Aspirus Health Plan as a result of the communication(s). Check all that are approved:			
<input type="checkbox"/> My personal health information contained in emails and my email address <input type="checkbox"/> Video or electronic diagnostic images (X-rays, MRIs, CT Scans), laboratory test results, pathology reports; other diagnostic test results <input type="checkbox"/> Video recordings (sound and picture), including recordings of my voice and/or parts of my body that may include my face			
I further authorize the disclosure of the following information about me that may be included in the protected health information listed above.			
Check all that are approved: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> STD/HIV/AIDS <input type="checkbox"/> Genetic Data			
<ul style="list-style-type: none"> I have read and understand the Alert for Electronic Communications (see below) and agree that the electronic communications described above may include protected health information (PHI) about me/the patient/member when necessary. By signing this Authorization, I am giving permission for the use or disclosure of the PHI described above for the purpose(s) described. I hereby release Aspirus Health Plan and its employees from any and all liability that may arise from the release of information. I understand that I have the right to revoke this Authorization at any time, if I do so in writing, and address it to the person or institution named above. The revocation will not apply to any information already released as a result of this authorization. I understand that I may refuse to sign this Authorization, and I cannot be denied or refused treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign. I understand that information disclosed pursuant to this Authorization may no longer be protected by the federal health information privacy law and could be re-disclosed by the person or agency that receives it. 			
This authorization expires automatically one (1) year from the date of signing, or upon:			
<input type="checkbox"/> My written revocation <input type="checkbox"/> Another date or event—describe: _____			
PART C: MEMBER SIGNATURE OR AUTHORIZED REPRESENTATIVE/GUARDIAN			
Member signature or Designated Legal Representative/Guardian signature			Date
X			
If authorized representative: (1) print your name, (2) state the legal authority for your status as Member's representative, and (3) attach supporting documentation:*			

*If you are the member's legally authorized representative as defined by HIPAA or other applicable federal and state law, you must submit the applicable documentation or other proof of legally authorized representative status that establishes your authority including but not limited to: **Power of Attorney** - Valid power of attorney document, **Guardian** - Valid court order appointing you as guardian, or **Executor** - Valid court order appointing you as executor of a decedent's estate. Legally authorized representatives must provide notice of any change to their status or authority.

Email Correspondence

Members and/or personal representatives who want to communicate with Aspirus Health Plan by email should consider all of the following issues before signing an *Authorization to Use or Disclose Protected Health Information via Electronic Means*:

- A. Email sent by Aspirus Health Plan will not be encrypted during transmission.
- B. It is possible that email can be forwarded, intercepted, printed, and stored by others.
- C. Email communication is a convenience and not appropriate for emergencies or time-sensitive issues.
- D. Highly sensitive health or Personal Information should not be communicated by email (i.e., HIV status, mental illness, chemical dependency, worker compensation issues, financial account information, Social Security Numbers, etc.)
- E. Employers generally have the right to access any email received or sent by a person at work. This means that if you use your work email address to send/receive emails to/from Aspirus Health Plan, then your emails may be viewed and recorded by your employer.
- F. Replies from Aspirus Health Plan will usually come to the email addresses from which you sent the original message. You should not expect to be able to initiate email from one address and receive the reply at a different address.
- G. Aspirus Health Plan staff, other than the intended recipient, may read and process email.
- H. Messages and responses may be documented in the member's record.
- I. **Aspirus Health Plan will not be liable for information lost or misdirected due to technical errors or failures.**

Aspirus Health Plan recommends the following confidentiality statement be included in all emails between Aspirus Health Plan and members:

NOTE: This communication may contain information that is legally protected from unauthorized disclosure. If you are not the intended recipient, please note that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, you should notify the sender immediately by telephone or by return email and delete this message from your computer.

Video and Audio Conferences

Members and/or personal representatives who participate in video conferences with Aspirus Health Plan should consider all of the following issues before signing an *Authorization to Use or Disclose Protected Health Information via Electronic Means*:

- 1. While interactive video and audio teleconferences use equipment and telecommunications lines may have been approved for secure use by Aspirus Health Plan, complete privacy and security cannot be guaranteed.
- 2. Pertinent personal information, which may include, if applicable, HIV status, mental illness, chemical dependency, substance abuse, developmental, genetic, and workers compensation issues, may be communicated during the video or teleconference.
- 3. Aspirus Health Plan staff other than your health care provider may have access to the teleconference recordings and video or electronic transmissions.
- 4. Aspirus Health Plan will not be liable for information lost or misdirected due to technical errors or failures.

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide 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)

Provide 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 *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator 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, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

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

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional 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 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ່ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).