



Authorization to Release Protected Health Information (PHI)

This form grants permission to True Health New Mexico to release Protected Health Information (PHI) about me to the persons or entities specified on this form.

VERIFICATION OF MEMBER – This is the person for whom information is to be released.

Full Name of Member:	Date of Birth:
Member ID:	Is member a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION OF SUBSCRIBER – This is the policyholder, and may be different from the Member.

INFORMATION REQUESTED – I authorize True Health New Mexico to release the following information (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Claims information | <input type="checkbox"/> Payment information |
| <input type="checkbox"/> Medical treatment/diagnostic Information, including genetic testing, HIV/AIDS, pregnancy, drug/alcohol abuse, and mental/behavioral health | <input type="checkbox"/> Enrollment information |
| | <input type="checkbox"/> Verification of medical referrals and/or prior authorization |
| | <input type="checkbox"/> All/any of the reasons listed |

RELEASE MY PHI TO (Name of Authorized Recipient): _____

HOW DO YOU WANT THE INFORMATION SENT?

- Mail (address): _____
- Fax to: _____
- Email to: _____
- Shared by telephone (list phone number): _____

The purpose for this release is: _____

This authorization will expire two years after the signature date.

AUTHORIZATION

- I understand that if the information on this form is not complete, the form will be returned to me and the requested PHI will not be released until True Health New Mexico has received a complete form.
- I understand that I may end or change this Authorization at any time by sending written notice to True Health New Mexico or by completing a new Authorization for Release of PHI. Any revocation of this Authorization will not be effective for any actions True Health New Mexico has already taken. Please contact Customer Care for assistance.
- I understand that after PHI is disclosed to the recipient(s) specified in this Authorization, federal law might not protect the disclosed information and that information might be redisclosed without my knowledge or approval.
- I understand that True Health New Mexico may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I have read and understand the above information and duly authorize the persons or entities named to receive my PHI.

Member Signature

Date

If you are making this request on behalf of a minor child, True Health New Mexico may require additional information before this request will be considered complete. By signing this form, you represent and warrant that you are the Member’s Personal and/or Legal Representative.

If you are an appointed representative making this request on behalf of an adult member who is unable to give consent, True Health New Mexico will require verification of the authority of Personal or Legal representation before this request will be considered complete.

Signature of Representative

Date

Signature of Representative

Date

Fax completed form to: True Health New Mexico, 1-866-628-3047, *or*
Mail completed form to: True Health New Mexico, P.O. Box 37200, Albuquerque, NM 87176-9914

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-508-4677 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-508-4677 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódílnih 1-844-508-4677 (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 1-844-508-4677 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-508-4677 (TTY: 711).
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 1-844-508-4677 (TTY : 711) 。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-508-4677 (رقم هاتف الصم والبكم: 711).
Korean	주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-508-4677 (TTY : 711)로 전화하십시오.
Tagalog-Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-508-4677 (TTY: 711).
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。1-844-508-4677 (TTY: 711) まで、お電話にてご連絡ください。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-508-4677 (ATS: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-508-4677 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-508-4677 (телетайп: 711).
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं निःशुल्क, आपके लिए उपलब्ध हैं। 1-844-508-4677 पर कॉल करें (टीटीवी: 711)।
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-508-4677 (TTY: 711) تماس بگیرید.
Thai	ความสนใจ: หากคุณพูดภาษาไทยมีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร 1-844-508-4677 (TTY: 711)



Notice of Non-Discrimination and Accessibility *Aviso de no discriminación y accesibilidad*

The following is a statement describing nondiscrimination for True Health New Mexico and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, creed or religion, sexual orientation, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call True Health New Mexico Customer Service at 1-844-508-4677, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- 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, or gender, you can send a complaint to: True Health New Mexico Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Phone: 1-855-882-3904. Fax: 1-866-231-1344.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Aviso de no discriminación y accesibilidad

A continuación presentamos una declaración que resume la norma de no discriminación de *True Health New Mexico* y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el credo o la religión, la orientación sexual, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de *True Health New Mexico* al 1-844-508-4677, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede enviar una queja a: *True Health New Mexico* Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Teléfono: 1-855-882-3904. Fax: 1-866-231-1344.

Además, tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [*U.S. Dept. of Health and Human Services*] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201