



PO Box 40168
Portland, OR 97240-0168



Authorization for Release of Information for Uniform Medical Plan (PEBB and SEBB) Members

**Important: If you have UMP Classic Medicare with Part D (PDP),
please use the Authorization to Disclose Protected Health Information form on ArrayRxSolutions.com/UMP**

Section 1: Information about the use or disclosure

I authorize the use or disclosure of personal health information about me as described below. I understand that this authorization is voluntary, and I may revoke it at any time as described in Section 2.

Member Information

Name _____

I am currently enrolled in the Uniform Medical Plan (UMP) or was enrolled at the time of these services
(please check one of the following):

☐ UMP Public Employees Benefits Board (PEBB) – UMP Rx Group # 10008217

☐ UMP School Employees Benefits Board (SEBB) - UMP Rx Group # 10016720

UMP I.D. number: W _____ Date of Birth _____

Authorization

☐ I authorize **ArrayRx** to provide the following personal health information about me: To the following
individual(s): _____

Address, City, State and Zip Code: _____

The reason for disclosure/purpose of disclosure is: _____

This authorization will expire one year from the date of my signature or on _____, whichever comes first.

If the information to be disclosed contains any of the types of records or information listed immediately below, additional laws relating to use and disclosure of the information may apply. I understand and agree that such information will be disclosed if I check the box next to the type of information to be included with the disclosure:

☐ HIV/AIDS test or result information and related records

☐ Genetic testing information

☐ Drug/alcohol diagnosis, treatment, or referral information

☐ Mental health information

☐ Reproductive health

☐ Pharmacy related information

(Please turn over)

Section 2: Important information about your rights

I have read and understand the following statements about my rights:

- I may cancel this authorization at any time prior to the expiration date or event noted above by telling my provider or UMP in writing. The cancellation will not affect any information either received or given to UMP before the cancellation notice was received.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive health care benefits, such as enrollment, treatment, or payment. If I do not sign this form, UMP may not release my information to any person or organization except those needed to determine my continued coverage, eligibility, and enrollment or as explained in the Notice of Privacy Practices.
- The person or organization that I authorize to receive information about me or my dependent child(ren)* may share it with another person or organization. The information may end up with a person or organization that is not required to protect it the same way UMP is.
- UMP's Notice of Privacy Practice is available *by visiting HCA's website at hca.wa.gov/ump-privacy.*
- This authorization will expire one year from the date below, unless otherwise noted above in the authorization section.

Section 3: Signature

Signature of member or member's representative

Date

Form must be completed before signing.

Printed name of member's representative

Relationship to member

Please attach legal documentation if you are the guardian, custodian, holder of power of attorney or another representative of the member.

Please submit the requested information to:

ArrayRx

Attn: Privacy Office

PO Box 40168

Portland, OR 97240-0168

Or fax to: (503) 412-4068 (a secure fax line) at your earliest convenience

For any questions call us at 1-888-361-1611 (TRS: 711)

Monday-Friday, 7:30 a.m. to 5:30 p.m

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, religion, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call ArrayRx Customer Service at:

1-888-361-1611 (TRS: 711)

If you think we did not offer these services, or discriminated against you, you can file a written complaint.

Please mail or fax it to:

ArrayRx
Attn: Appeals Unit
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services,
Office for Civil Rights

- Online complaint portal -
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail - U.S. Department of Health and Human Services
200 Independence Ave S.W.
HHH Building, Room 509F
Washington, D.C. 20201
- Phone - 1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at
www.hhs.gov/ocr/office/file/index.html

The Washington State Office of the Insurance Commissioner

- Online complaint portal -
<https://www.insurance.wa.gov/filecomplaint-or-check-your-complaint-status>
- Phone - 800-562-6900
360-586-0241 (TDD)

Complaint forms are available at
<https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TRS: 711)

注意: 如果您說中文, 可得到免費語言幫助服務。請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي) 1-888-361-1611 (TRS: 711)

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-888-361-1611 (TRS: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TRS: 711) 1-888-361-1611 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。1-888-361-1611 (TRS:、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વાનિ મુક્તિ સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TRS: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)