

Do you want us to share your health information with someone?



Fill out the form to name an authorized delegate

What is the purpose of this form?

This form allows New Directions Behavioral Health to share information about your healthcare account with someone else. For instance, you might want us to share your private healthcare information with your spouse, another family member, your child's guardian, your employer or a parent.

If you fill out and sign this form, we will share your claims or benefit information with anyone you choose. We call the person or organization you choose your authorized delegate. Anyone you name as an authorized delegate will only receive information. They will not be allowed to change anything about your policy.

If you do not wish to fill out this form, we will still continue serving you. However, we will not be able to share your information. Once you send us your completed form, we will be able to share your claims and benefit information with your authorized delegate for as long as you allow us to do so. Your authorization will be valid as long as you have your health insurance with us. If you cancel your insurance, your authorization will end.

If this authorization covers a minor child, it will end on that child's 18th birthday.

Does this form allow my authorized delegate to receive copies of my medical record? **NO.**

To obtain copies of your medical record, please complete and submit the Authorization to Disclose Protected Health Information form. This form can be found by [clicking here](#) or visiting:

https://www.ndbh.com/Docs/HealthResources/NDBH_Authorization_to_Disclose_PHI_-_Release_of_Information_Form.pdf

You must fill out the form.

Verbal approval is temporary.

If you have called us to name an authorized delegate and have received temporary approval from us, you must fill out and sign this form so that your authorized delegate can continue to receive information from us. Your verbal approval is only valid for **24 hours** after we talk to you.

Can you change your decision?

Yes, you may change your decision about sharing your information at any time. If you decide that you no longer want us to share your information with an authorized delegate, please contact the New Directions Compliance Department at:

Email: compliance@ndbh.com

Fax: 816-237-2359

Mail: New Directions Behavioral Health
PO Box 6729
Leawood, KS 66206
Attn: Compliance Department

Still have questions? Call us at the toll-free number listed on the back of the member's insurance card.

Call us. We are happy to help.

Name an Authorized Delegate



This form allows us to share information about your healthcare account with someone else. If you do not wish to fill out this form, we will still continue serving you. However, we will not be able to share your information.

PART 1: MEMBER INFORMATION TO BE SHARED

<input type="text"/>	<input type="text"/>
Name of Member as shown on ID card	Member Date of Birth
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
City, State, Zip	Member ID number as shown on ID card

PART 2: AUTHORIZED DELEGATE

We understand that you want to name the following people or organization as your authorized delegate. Note: If the people or organizations you name are not required to follow the federal health information privacy laws, they may share your information with someone else and federal privacy laws may no longer protect your information.

To name a person	If your authorized delegate is a person, fill out this section.	<input type="text"/>	
		Person's Name	
		<input type="text"/>	<input type="text"/>
		Address	City, State, Zip
		<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Phone Number		

To name another person	If your authorized delegate is a person, fill out this section.	<input type="text"/>	
		Person's Name	
		<input type="text"/>	<input type="text"/>
		Address	City, State, Zip
		<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Phone Number		

To name an organization	If your authorized delegate is an organization, fill out this section.	<input type="text"/>	
		Organization's Name	
		<input type="text"/>	<input type="text"/>
		Address	City, State, Zip
<input type="text"/>	Phone Number		

PART 3: SIGN HERE IF YOU ARE THE MEMBER

I give New Directions permission to share any of my personal information that is protected by federal or state law with the authorized delegate(s) named in Part 2 of this form. I understand that this personal information may have detailed medical information about me, including information about substance abuse and mental health conditions. That information does not include psychotherapy notes, HIV information, or genetic information.

Member Signature

Today's Date (MM/DD/YYYY)

PART 4: SIGN HERE IF YOU ARE THE PERSONAL REPRESENTATIVE FOR THE MEMBER

To show that you are legally designated as the member's representative, when you send us this form you must also send us copies of any legal documents that prove you have guardianship or power of attorney.

- I am authorized as a personal representative for the member who is named in Part 1 of this form. I am legally designated as a parent of a minor, legal guardian, or holder of power of attorney.
- I understand that this authorization will be valid as long as the member's health insurance with New Directions is in effect. If the insurance is canceled, the authorization will end.
- If this authorization covers a minor child, it will end on that child's 18th birthday.

Print Name of Personal Representative

Signature

Today's Date (MM/DD/YYYY)

Relationship to Member

After you complete the form, send to us:

Email:

Fax:

Mail: New Directions Behavioral Health
PO Box 6729
Leawood, KS 66206
Attn: Contact Center

Still have questions?

Call us at the toll-free number listed on the back of the member's insurance card. We are happy to help.

Nondiscrimination and Accessibility Notice (ACA §1557)

New Directions Behavioral Health® (“New Directions”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. New Directions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

New Directions provides 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)
- Provides 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 New Directions at 800-528-5763 (TTY/TTD services are available for hard of hearing and deaf callers).

If you believe that New Directions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer
P.O. Box 6729
Leawood, KS 66206-0729
1-855-580-4871 (phone)
816-237-2359 (fax)
compliance@ndbh.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our Compliance Officer 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, S.W.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

New Directions: 800-528-5763 (TTY/TTD services are available for hard of hearing and deaf callers)

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-528-5763 (TTY: 1-800-528-5763).

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 1-800-528-5763 (TTY: 1-800-528-5763)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-528-5763 (TTY: 1-800-528-5763) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-528-5763 (TTY: 1-800-528-5763).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-528-5763 (رقم هاتف الصم والبكم: 1-800-528-5763).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-528-5763 (TTY: 1-800-528-5763).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-528-5763 (ATS : 1-800-528-5763).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-528-5763 (TTY: 1-800-528-5763).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-528-5763 (TTY: 1-800-528-5763).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-528-5763 (TTY: 1-800-528-5763).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-528-5763 (TTY: 1-800-528-5763) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-528-5763 (TTY: 1-800-528-5763).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-528-5763 (телетайп: 1-800-528-5763).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-528-5763 (TTY: 1-800-528-5763).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-528-5763 (TTY: 1-800-528-5763).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-528-5763 (TTY: 1-800-528-5763) irtibat numaralarını arayın.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-528-5763 (TTY: 1-800-528-5763).

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。1-800-528-5763 (TTY:1-800-528-5763) まで、お電話にてご連絡ください。

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ উপলব্ধ আছে। ফোন করুন ১-৮০০-৫২৮-৫৭৬৩ (TTY: ১-৮০০-৫২৮-৫৭৬৩)।

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1-800-528-5763 (TTY: 1-800-528-5763)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-528-5763 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-528-5763).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-528-5763 (TTY: 1-800-528-5763).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-528-5763 (TTY: 1-800-528-5763) تماس بگیرید.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-528-5763 (TTY: 1-800-528-5763).

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-800-528-5763 (TTY: 1-800-528-5763).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-528-5763 (TTY: 1-800-528-5763).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-528-5763 (TTY: 1-800-528-5763).

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-528-5763 (TTY: 1-800-528-5763).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 1-800-528-5763)۔

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 1-800-528-5763 (መስማት ለተሳናቸው: 1-800-528-5763)።