

# Authorization for Release of Protected Health Information (PHI)



Sections 1 through 9 must be completed for this authorization to be valid. *INCOMPLETE FORMS* will not be processed and will be returned to the requestor for additional information. A copy of this authorization form will be available to you, but you should retain a copy for your records.

## 1. MEMBER INFORMATION TO BE RELEASED

[Redacted]

Print Name Of Member

[Redacted] [Redacted]

Member Date of Birth Member Health Plan I.D. Number

[Redacted]

Member Address

[Redacted] [Redacted]

Member Primary Phone Number Member Secondary Phone Number

## 2. NEW DIRECTIONS WILL RELEASE MEMBER INFORMATION TO

[Redacted]

Organization or Person

[Redacted]

Address

[Redacted]

City, State, Zip

[Redacted] [Redacted]

Primary Phone Number Secondary Phone Number

[Redacted] [Redacted]

Email Address Fax Number

## 3. PREFERRED DELIVERY METHOD

- Mail Information     Email Information (If file size permits)     Fax Information (If file size permits)

**Note: If information is shared with a person or organization that is not legally required to obey privacy laws, the information may be shared with others and may no longer be protected.**

## 4. PURPOSE OF RELEASE

- Legal                       Insurance                       Healthcare provider                       Copies for personal use
- Other \_\_\_\_\_

**5. INFORMATION TO BE RELEASED (Please check only one box)**

- All information about eligibility, enrollment, plan benefits, claims, correspondence to or from New Directions and prior authorization or determinations for services provided by any physician or hospital. (INCLUDING alcohol and substance use or abuse information).
- All information about eligibility, enrollment, plan benefits, claims, correspondence to or from New Directions and prior authorization or determinations for services provided by any physician or hospital. (EXCLUDING alcohol and substance use or abuse information).
- Only specific information: \_\_\_\_\_

**6. RELEASE INFORMATION PERTAINING TO THIS TIME PERIOD (Please check only one box)**

- Any and all dates, including future dates until expiration of authorization
- From  to   
MM/DD/YYYY MM/DD/YYYY

**7. EXPIRATION OF AUTHORIZATION**

Valid for one (1) year unless otherwise specified or revoked.

**8. PATIENT AUTHORIZATION**

**I understand that:**

- The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- New Directions does not condition payment, enrollment, or eligibility for benefits on whether I sign this authorization.
- I may revoke this authorization at any time by notifying New Directions. Revocation of this authorization will not affect any action taken in reliance of this authorization before the revocation was received.

**If signing authorization as Power of Attorney, Power of Attorney for Health Care, or Guardian/Conservator, a copy of the legal document MUST ACCOMPANY this form.**

**9. SIGNATURE**

<input type="text"/>	<input type="text"/>
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(Member, Guardian, or Authorized Representative)	Date (MM/DD/YYYY)
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Relationship of Authorized Representative to Member

<input type="text"/>	<input type="text"/>
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Minor Signature (Signature of Minor Where Required)	Date (MM/DD/YYYY)
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Substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without written consent unless otherwise provided for by the regulations.

## **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)  
816-236-2359 (fax)  
[compliance@ndbh.com](mailto: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 SW  
Room 509F, HHH Building  
Washington, DC 20201  
800-868-1019, 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

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 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

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

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

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 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

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 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

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

ໂປດຊາບ: ຖ້າ ທ່ານ ກວາລາສາ ລາວ, ການບໍລິການ ວິໄນ ອຸດົມ ກວາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີ ອັບໃຫ້ ທ່ານ. ໂທ 1-800-528-5763

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

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

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

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 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

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 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 আছে। ফোন করুন ১-৮০০-৫২৮-৫৭৬৩।

يطلبون: في كل لغة، يمكنك الحصول على مساعدة لغوية مجانية. اتصل بنا على الرقم 1-800-528-5763

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 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

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

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

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 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

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-528-5763

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

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