Member Authorization Form to Release Information

Member Name: _____ Date of Birth: _____
Address: _____
Phone Number: _____ Member ID Number: _____

I authorize the following protected health information to be disclosed (Please check all applicable boxes):

☐ My claim information:
  ☐ All dates of service
  ☐ The following dates of services _____
☐ Financial information.
☐ Appeal status or information.
☐ Plan or benefit coverage information.

☐ Dependent(s) claim information (Name the dependant(s)):

_____
  ☐ All dates of service
  ☐ The following dates of services _____
☐ Any other information regarding my account and/or dependent(s).

Purpose of Disclosure: (Please describe the reason why this information is needed or check (✓) the following).

☐ This information is being disclosed at the request of the member (or the member's personal representative).

_____

I authorize Dominion National (hereinafter referred to as "Dominion") to disclose the above protected health information to the following person(s) or organization(s). I understand that my authorizing the use and disclosure of my information is not a condition of enrollment in this health plan, eligibility for benefits, or payment of claims. I also understand that if the person or organization is not subject to federal health information privacy laws, they may further disclose the protected information and the information may no longer be protected by federal privacy laws.

Name of Person or Organization: _____
Address: _____
Phone Number: _____

This authorization will automatically expire on ___ / ___/ ___.

(Please note that even if a specific date is given this authorization will expire no later than six months after termination of enrollment with Dominion.)

☐ Termination of enrollment with Dominion
☐ Six months after termination of enrollment with Dominion

I, _____, have had full opportunity to read and consider the content of this release. I understand that, by signing this form, I am confirming my authorization that Dominion may use and/or disclose my protected health information to the person or organization named on this form for the purpose described above. I understand this authorization is voluntary and confirms my consent to the described activity. I understand that I have the right to revoke this authorization at any time. I understand that revocation of this authorization will not apply to information that has already been released in response to this authorization. I understand that if I revoke this authorization, I must do so in writing and send my revocation to the address below.

Signature: _____ Date: _____

If a person other than the Member signs this form, please complete the following:

Personal Representative's Name: _____

Relationship to the Individual: _____

Please return this completed authorization, or direct any questions regarding the form, to the following individual:

Privacy Officer – Dominion National
P.O. Box 21522, Eagan, MN 55121-0522
Fax: 703.859.7706
PrivacyCoordinator@DominionNational.com

NONDISCRIMINATION AND FOREIGN LANGUAGE ASSISTANCE NOTICE

The Dominion National group of companies (including insurer Dominion Dental Services, Inc. and administrator Dominion Dental Services USA, Inc.) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Dominion National does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Dominion National provides free aids and services to people with disabilities or whose primary language is not English, such as:

- ✓ Qualified sign language interpreters.
- ✓ Written information in other formats (large print, audio, accessible electronic format, other formats).
- ✓ Qualified interpreters, and information written in other languages.

If you need these services, call 888.518.5338 (TTY: 711).

If you believe that Dominion National has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by mail, fax, or email at:

Dominion National
251 18th Street South, Suite 900, Arlington, VA 22202
888.518.5338 (TTY: 711), fax: 703.518.4450
CRC@DominionNational.com

If you need help filing a grievance, our Civil Rights 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
Toll-free: 800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

Language assistance

To talk to an interpreter in your language at no cost, call 888.518.5338 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 888.518.5338 (TTY: 711).

欲免费用本国语言洽询传译员，请拨电话 888.518.5338 (TTY: 711).

Để nói chuyện với thông dịch viên bằng ngôn ngữ của quý vị không phải mất phí, xin gọi 888.518.5338 (TTY: 711).

Для бесплатного разговора с переводчиком на своем языке, позвоните по тел.: 888.518.5338 (TTY: 711).

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무료전화통역서비스888.518.5338 (TTY: 711).

Per parlare con un interprete nella vostra lingua gratis, chiami 888.518.5338 (TTY: 711).

للتحدث مجانًا إلى مترجم للغتك، يرجى الاتصال بـ 888.518.5338 (الهاتف النصي: 711)

Pour parler à un interpréter dans votre langue sans charges, téléphoner à 888.518.5338 (TTY: 711).

Um in Ihrer Sprache gebührenfrei mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 888.518.5338 an (TTY: 711).

 દુભાષીયા જોડે વાત કરવા, 888.518.5338 (TTY: 711) પર ફોન કરો.

Aby porozmawiac z tlumaczem w jezyku polskim, prosze zadzwonic na numer darmowy telefonu 888.518.5338 (TTY: 711).

Pou pale avèk yon entèprèt nan lang ou grastis, rele nan 888.518.5338 (TTY: 711).

मुफ्त में अपनी भाषा में दुभाषिया से बात करने के लिए, 888.518.5338 (TTY: 711) पर कॉल करें।

Para falar com um intérprete em seu idioma de graça, ligue para 888.518.5338 (TTY: 711).