# 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

Dominion National is the brand name for the Dominion group of companies. Dental plans are underwritten by Dominion Dental Services, Inc. (DDSI). Dominion Dental Services USA, Inc. (DDSUSA) is a licensed administrator of dental and vision benefits. Vision plans are underwritten by Avalon Insurance Company, and administered by DDSUSA, in DC, DE, MD, PA and VA. Vision plans are underwritten by DDSI in all other states where Dominion National operates.

# NOTICE OF NONDISCRIMINATION

Discrimination is against the law. 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, or sex. Dominion National does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**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, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by mail, fax, or email at:

**Dominion National**
PO Box 21522 Eagan, MN 55121-0522
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**.

# NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

We provide language assistance services and auxiliary aids free of charge by calling 888.518.5338 (TTY: 711).

Ofrecemos servicios de asistencia lingüística y ayuda auxiliar sin costo llamando al 888.518.5338 (TTY: 711).

请致电 888.518.5338 (TTY: 711)获取我们免费提供的语言协助服务和辅助工具。

我們免費提供語言協助服務與輔助工具，若有需要請致電 888.518.5338 (TTY:711).

Мы бесплатно предоставляем услуги языковой поддержки и вспомогательные средства по телефону 888.518.5338 (TTY: 711).

Nagbibigay kami ng mga serbisyo ng tulong sa wika at mga dagdag na tulong nang walang bayad sa pamamagitan ng pagtawag sa 888.518.5338 (TTY: 711).

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các thiết bị hỗ trợ miễn phí thông qua số 888.518.5338 (TTY: 711).

نوفر خدمات المساعدة اللغوية والمساعدات الإضافية مجانًا عن طريق الاتصال بالرقم 888.518.5338 (TTY: 711).

888.518.5338 (TTY: 711)번으로 전화하시면 무료로 언어 지원 서비스와 보조 지원 서비스를 제공해 드립니다.

Prestamos serviços linguísticos e de assistência auxiliar gratuitos ligando para o número 888.518.5338 (TTY: 711).

Nous fournissons des services d’assistance linguistique et des aides auxiliaires à titre gratuit au 888.518.5338 (TTY : 711).

Nou bay sèvis asistans pou lang ak èd siplemantè gratis; pou jwenn èd rele nan 888.518.5338 (TTY: 711).

Forniamo gratuitamente servizi di assistenza linguistica e supporti ausiliari chiamando il numero 888.518.5338 (TTY: 711).

અમે 888.518.5338 (TTY: 711) પર કૉલ કરીને નિઃશુલ્ક ભાષા સહાય સેવાઓ અને સહાયક સહાય પ્રદાન કરીએ છીએ.

Zapewniamy bezpłatne usługi językowe i pomocnicze pod numerem telefonu 888.518.5338 (TTY: 711).

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भाषा सहायता सेवाएं और सहायक उपकरण निःशुल्क प्राप्त करने के लिए 888.518.5338 (TTY: 711) पर कॉल करें।

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