

Instructions

Within this form, the terms “you” and “your” refer to the member or, if applicable, their parent/guardian or authorized representative. The terms “we”, “our”, and “us” refer to Regence Group Administrators (RGA) of Idaho, Inc., your third-party Health Plan administrator.

Please note the following:

- This authorization is valid for two years from the date of your signature.
- You may cancel this authorization at any time by sending written notice to the mailing address listed below.
- Cancellation of this authorization will not affect any actions taken by us before receiving your cancellation notice.
- Completing this authorization is not a condition to receive treatment, payment, enrollment or eligibility.
- We are not responsible for any action taken by an authorized recipient of your protected health information.
- Once we disclose your information to an authorized recipient, the privacy protections provided by law may no longer apply.
- If you have coverage under more than one health plan administered by us, this authorization will apply to all of them.
- **Your PHI may contain sensitive data, including data related to treatment of sexually transmitted diseases, HIV/AIDS, mental health, reproduction or contraception (including prenatal care and abortion), gender dysphoria, gender affirming care, and domestic violence. If you want this information disclosed, please check the Sensitive Conditions box on page 2.**
- If you need to authorize disclosure of PHI to more persons/organization than there is room for in this form, please submit another form with their information.

Submission Information

Please provide the information in this form to us using one of the methods below (pick any option that works for you):

Electronic Submission Options

✓ **Option 1: Fill out Online:**

1. Go to <https://www.rgaidaho.com/>
2. Click **Member** and then go to **Download Member Forms**
3. Click the **Complete Online** option under **Authorization to Disclose Protected Health Information**
4. Fill out and submit the form in DocuSign

✓ **Option 2: Fill out a PDF Form** (not recommended on mobile devices and in Internet browsers):

1. Go to <https://www.rgaidaho.com/>
2. Click **Member** and then go to **Download Member Forms**
3. Click the **Download pdf** option under **Authorization to Disclose Protected Health Information**
4. Fill out the form in compatible PDF software like Adobe Reader or Acrobat
5. Email your completed form to: PrivacyOffice@accesstpa.com

Paper Submission

✓ **Mail** the completed form to:

Regence Group Administrators of Idaho, Inc.
Attn: Privacy Office
PO Box 85001
Bellevue, WA 98015-5001

