

# Secure Access to Your Health Information

At Allied, protecting your personal health information is our top priority. We follow strict rules and security measures in accordance with the Health Insurance Portability and Accountability Act (HIPAA) to ensure that your data remains safe and accessible only by you or authorized individuals.

In compliance with these regulations, members aged 18 and above are granted access solely to their own personal health information through the My Allied Portal online. Through the portal, adult members may choose to grant access to other adult members in a secure and controlled manner.

# What this means for you

The decision to share your health information with family members or legal representatives is entirely personal. Adult members aged 18 and above have the right to determine who may access their information, including both covered spouses and adult dependents.

If you are a parent of an adult dependent covered under your plan, your adult dependent must grant access to their personal health care information for you to view claim or benefit information on their behalf. The same would apply to any spouses on the plan.

Similarly, the primary subscriber of the plan may also grant access to a spouse or any covered adult family member you choose to allow to view your information.

# What you need to do

- 1. Discuss with your family members their right to protect their personal health information.
- 2. If you or a covered family member wishes to allow access to another covered family member, please follow the steps below:

#### **STEP 1**

Log into your My Allied Portal account on member.alliedbenefit.com or from the mobile app.

### **STEP 2**

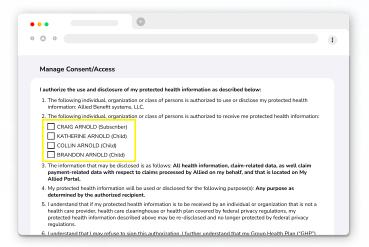
From the Homepage, go to **Account Settings**, and select "Change Preference" next to **Manage Consent/Access**.

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ccount Settings	
Security Settings	
Change password	Change password
Choose a new password for your account	entrige personal
Manage Consent/Access	Change preference
Give permission to see your claims information	
Security Code	
Your security code is 8274	
Account Management	
Request Account Deletion	
Request Account Decedon	

Image is depicting Step number 2.

#### **STEP 3**

Check the box next to the which individuals you wish to authorize access for.



## STEP 4

Accept the terms and conditions, then click "Update".

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V CC	DLLIN ARNOLD (Child)
BF	RANDON ARNOLD (Child)
payme	formation that may be disclosed is as follows: All health information, claim-related data, as well claim ent-related data with respect to claims processed by Allied on my behalf, and that is located on My Portal.
	stected health information will be used or disclosed for the following purpose(s): Any purpose as nined by the authorized recipient.
health	rstand that if my protected health information is to be received by an individual or organization that is not a care provider, health care clearinghouse or health plan covered by federal privacy regulations, my ted health information described above may be re-disclosed and no longer protected by federal privacy tions.
	rstand that I may refuse to sign this authorization. I further understand that my Group Health Plan ("GHP") ot condition enrollment in my GHP or eligibility for benefits on my signing this authorization.
memb for fut	rstand that I may revoke this authorization at any time by returning to this page and unselecting the ers who were previously authorized and signing the updated authorization. This revocation will be effective ure uses and disclosures of protected health information. I further understand that this revocation will be ve to the extern that action has been taken in reliance on the authorization.
	ate/event this authorization expires: One year after the date of my termination of coverage in my GHP or ed manually using the steps outlined above.
	✓ I accept these conditions and authorize the sharing of this information as of 03/18/2024

#### **STEP 5**

Once submitted, a pop- up will appear on the next page confirming the changes were successfully made.

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0 • (	
Security Settings	
Change password	Change password
Choose a new password for your account	
Manage Consent/Access	Change preference
Give permission to see your claims information	
Security Code	
Your security code is 8274	
Account Management	
Request Account Deletion	
Changes were saved successfully	

## **STEP 6**

You can go back at anytime to confirm preferences or make changes. The bottom right of the page will be time-stamped indicating the date it was last updated.

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0 0 0	
COLLIN ARNOLD (Child)	
BRANDON ARNOLD (Child)	
<ol> <li>The information that may be disclosed is as follows: All health information, claim-related data, as well cla payment-related data with respect to claims processed by Allied on my behalf, and that is located on M Allied Portal.</li> </ol>	
<ol> <li>My protected health information will be used or disclosed for the following purpose(s): Any purpose as determined by the authorized recipient.</li> </ol>	
5. I understand that if my protected health information is to be received by an individual or organization that is health care provider, health care clearinghouse or health plan covered by federal privacy regulations, my protected health information described above may be re-disclosed and no longer protected by federal privac regulations.	
6. I understand that I may refuse to sign this authorization. I further understand that my Group Health Plan ("G will not condition enrollment in my GHP or eligibility for benefits on my signing this authorization.	HP")
7. I understand that I may revoke this authorization at any time by returning to this page and unselecting the members who were previously authorized and signing the updated authorization. This revocation will be eff for future uses and disclosures of protected health information. I further understand that this revocation will effective to the extent that action has been taken in reliance on the authorization.	
<ol> <li>The date/event this authorization expires: One year after the date of my termination of coverage in my GH changed manually using the steps outlined above.</li> </ol>	IP or
I accept these conditions and authorize the sharing of this information as of 03/18/2024	
Cancel Update	_
Last updated: 202	4-03-18

Don't forget! Granting access to appropriate family members can be important if a member is hospitalized or otherwise unable to view their own information.

#### Questions? Call the toll-free number on the back of your ID card.

My Allied Portal is available to eligible plan members, ages 13 years and older. All programs and services are subject to applicable terms and conditions.