



Share Your Story: Accessing Mental Health/Substance Use Disorder Treatment Through Your Insurance

The Mental Health Parity and Addiction Equity Act (Parity Act) was enacted a decade ago to prevent discriminatory insurance coverage for mental health and substance use disorder services. Today, too many people still cannot get the treatment they need because their insurer still uses discriminatory rules. Better enforcement of the Parity Act can help you and others get the services that insurers are required to cover. By sharing your experience with insurance problems, you can help us advocate for better enforcement of the Parity Act and improved access to treatment. You can access this form, with the additional option to submit photographs, videos and other media, online at <https://parityat10.org/the-issue/#shareyourstory>.

Here are some of the insurance problems you may have experienced:

- Your insurer said a treatment service was not “medically necessary.”
- Your insurer required you to get prior approval for a service that delayed treatment.
- Your insurer told you to try a less expensive service or medication before it approved the service or medication your provider recommended.
- You could not find a treatment provider in your insurer’s network.

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|------------------------|--|
| Name (First and Last): | |
| Email Address: | |
| Phone Number: | |
| State/Zip Code: | |

Please share your experience with insurance delay or denials below. We have identified a few questions to guide your response, but you should feel welcome to share whatever you think is important. Your experience will help to inform our advocacy work, and we thank you for taking the time to share it!

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| Who were you seeking treatment for (yourself, son, daughter, spouse, other family member, or friend) and was that person a minor or an adult at the time? |
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IT'S THE LAW.

What treatment services did you seek coverage for?

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Identify any problems you had finding a treatment provider or getting into care quickly.

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Describe your experience in getting your insurer to approve or pay for your treatment services.

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IT'S THE LAW.

If you had problems with your insurance coverage, please describe the impact on you or your family (financial situation, health of the person needing treatment and other family members, personal or family stress).

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How are you and/or your loved one is doing today?

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Is there anything else about your experience that you'd like to share?

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Scope of Use

Thank you for sharing your story. Your story matters and can help to change the system. The following details are important.

Please let us know how you would like to be identified:

- My first and last name
- My first name only
- A pseudonym/remain anonymous

Scope of Use:

- I consent to Parity at 10 utilizing my story in **all** the following ways:
 - On the Parity at 10 website (www.parityat10.org)
 - In social media messages pertaining to the Parity at 10 Campaign and/or
 - In printed materials produced by the Parity at 10 Campaign to education policy-makers, healthcare providers and other families/consumers

We would like to stay in touch with you as there may be additional opportunities to share your story beyond the previously mentioned outlets. Please let us know what interests you. (Select all that apply):

- I am interested in participating in meeting with state policy-makers about my insurance experience.
- I would consider speaking to the media about my experience (note, we will contact you to present the media opportunity and to affirm your willingness prior to connecting you with the journalist).
- Parity at 10 may contact me if they seek to use my story in an additional way not indicated above.

Permission:

- I hereby give permission for the Parity at 10 Campaign to use, publish, and condense the testimonial and/or media uploaded I have provided. I hereby release, discharge, and agree to hold harmless the Parity at 10 campaign from any liability relating to the publication of my testimonial except if it is used in a way that is inconsistent with what is outlined above.

Signature: _____

Date: _____

[FOR MINORS ONLY]: If you are under 18 years of age, your parent or legal guardian must sign this Consent and Release Form and provide the information requested below:

- I certify that I am the parent or legal guardian of the person listed above and I agree that I have read this form completely and I understand the contents of this form.