BlueCross BlueShield of North Carolina

Member's Protected Health Information (PHI) Request Form

You may give Blue Cross Blue Shield of North Carolina (Blue Cross NC) written authorization to disclose your protected health information (PHI) to anyone that you designate and for any purpose. If you want to authorize a person or entity to receive your PHI upon their request, please provide the information below. Completion of this form is not a condition or requirement of coverage and will not change the way that Blue Cross NC communicates with you. For example, we will continue to send explanation of benefits (EOB) statements to you upon request. However, if your adult child calls Blue Cross NC to inquire about you, your protected health information will not be shared with your adult child unless you have given Blue Cross NC permission to do so by completion of this form.

Member Name (print):

_____

Member Date of Birth:

☐☐ / ☐☐ / ☐☐☐☐
(mm/dd/yyyy)

Blue Cross NC ID Number: _____

At my request, I authorize Blue Cross NC to disclose my Protected Health Information (PHI) to: (If you choose, you may designate more than one person.)	
Name:	Phone:
Address:	Relationship to member:
Name:	Phone:
Address:	Relationship to member:

We request that you provide the following information to the person you have authorized so that we may verify the person's identity and authority to receive your PHI:
A) your ID number, B) your date of birth, and C) your address.

I authorize Blue Cross NC to disclose only the following Protected Health Information to the person designated above (check all that apply):

- ☐ Any information requested
- ☐ Premium Payment Information
- ☐ All claims information
- ☐ Enrollment information
- ☐ Benefit information
- ☐ Explanation of Benefits information
- ☐ All services from a specific health care provider (list provider's name): _____
- ☐ Other (list specific PHI): _____

Blue Medicare HMO and PPO Members: To authorize disclosure of your PHI about mental health/substance abuse services, please call the Mental Health/SA telephone number on the back of your ID card to request a separate authorization form.

I want the designated person to have access to my PHI until my policy expires OR until the specified date of:

☐☐ / ☐☐ / ☐☐☐☐
(mm/dd/yyyy)

Continued ▶

Member's Protected Health Information (PHI) Request Form (continued)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address provided. However, if I revoke this authorization, I also understand that the revocation will not affect any action Blue Cross NC took while this authorization was valid before Blue Cross NC received my written notice of revocation.

I also understand that I do not have to authorize anyone to receive my PHI as a condition or requirement for coverage by Blue Cross NC.

I also understand that if the persons or entities I have authorized to receive my PHI are not health plans, covered health care providers, or health care clearing houses subject to the Health Insurance Portability and Accountability Act (HIPAA), or other federal health information privacy laws, they may further disclose my PHI and it may no longer be protected by HIPAA or federal health information privacy laws.

Signature (Member or Personal Representative): _____

Date: ☐☐ / ☐☐ / ☐☐☐☐
(mm/dd/yyyy)

Personal Representative Name (print): _____

If signed by an Personal Representative, describe your authority to act for the member
(e.g., durable power of attorney, court order, parent of minor child, etc.):

AND: Attach the legal document naming you as the Personal Representative when returning this form.

NOTE: We will consider the effective date of this authorization to be the date we enter this authorization into our computer system, typically 5 days following receipt. If you would like this authorization to become effective on a date after Blue Cross NC enters the authorization into its system, please provide the date here:

☐☐ / ☐☐ / ☐☐☐☐
(mm/dd/yyyy)

RETURN THIS AUTHORIZATION TO: Attention: Data Operations
Blue Cross NC
P.O. Box 17509
Winston-Salem, NC 27116-7509

BlueCross BlueShield of North Carolina

BlueMedicare HMO℠
BlueMedicare PPO℠
BlueMedicare Rx℠ (PDP)

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service
Call the number on the back of your ID card

If you believe that Blue Cross NC 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:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702
Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office
Call: 919-765-1663, 1-888-291-1783 (TTY)
Fax: 919-287-5613
E-mail: civilrightscoordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office 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:

Online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C., 20201
Call: 1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available online at:
http://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Contact:

Customer Service
Call the number on the back of your ID card

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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BlueCross BlueShield of North Carolina

BlueMedicare HMO℠
BlueMedicare PPO℠
BlueMedicare Rx℠ (PDP)

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Services number on the back of your member ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número que figura al dorso de su tarjeta de identificación.

注意：如果您講廣東話或普通話， 您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服部電話號碼。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng trên mặt sau thẻ thành viên ID của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자 ID 카드 뒷면에 있는 고객 서비스 전화번호로 전화해 주십시오

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Téléphonez le Service clients au numéro qui figure au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء الموضح على ظهر بطاقة هوية العضو الخاصة بك.

LUS CEEV:Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau tus nab npawb xovtoo ntawm Lub Chaw Pab Cuam Tswv Cuab uas nyob sab tom qab koj daim npav tswv cuab ID.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на оборотной стороне вашей карточки участника.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Serbisyo sa Kostumer sa likod ng Id kard ng miyembro.

સૂચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે. .તમારા સભ્યપદ ઓળખપત્રની (આઈ.ડી) પાછળની બાજુ પર આપેલ ગ્રાહક સેવાઓના નંબર પર કૉલ કરો.

ចំណាំ៖ ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។សូមហៅទៅកាន់សេវាអតិថិជនដោយប្រើលេខទូរស័ព្ទនៅខាងខ្នងកាតសមាជិករបស់លោកអ្នក។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Nummer des Kundenservice an, die auf der Rückseite Ihrer Mitglieds-ID-Karte angegeben ist.

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध है। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवाएं नंबर पर कॉल करें।

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີໃຫ້ທ່ານ. ໃຫ້ໂທຫາຂອງຝ່າຍບໍລິການລູກຄ້າຕາມເບີຢູດ້ານຫຼັງບັດຂອງທ່ານ.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーIDカードの裏面のカスタマーサービス番号にお電話ください。

Blue Cross and Blue Shield of North Carolina is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

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