

Revocation of Authorization to Disclose Health Information

Mail the completed form to: BlueCare Tennessee, 1 Cameron Hill Circle, Chattanooga, TN 37402
Or fax it to: 1-866-320-3800

Individual/Member Name: _____

Member Identification Number: _____

Member Date of Birth: ____/____/____

I hereby request that the authorization to disclose health information to _____
_____ be revoked (cancelled) effective _____.

I understand and Agree to the following:

- This revocation will not have any effect on any action that BlueCare Tennessee took prior to the effective date of this revocation.
- By completing this form, the person listed will no longer have access to the information.
- Revoking this authorization will not affect my benefits, claims payment or care delivered.
- I have a right to receive a copy of this form after I sign it.
- I would like a copy of this form: YES Initials: _____

BlueCare Tennessee does not accept partial revocations. If you wish to only change the type of information released and not cancel who may receive the information, you must still revoke this authorization and submit a new Authorization to Disclose form if you wish to continue to release information for any part of the original request.

Signature of the Individual or the Individual's Legally Authorized Representative** Date

Relationship to the Individual/Member:

- Self Legally Authorized Representative**
(Power of Attorney, Legal Guardian, Executor or Administrator)
- Parent of Minor Child

** If you are signing as a Legally Authorized Representative attach a copy of the appropriate legal document(s) granting you the authority to do so. You do not have to attach copies of documents if you already have those documents on file with BlueCare Tennessee. My legal documents granting authority to act on the individual's behalf are already on file with BlueCare Tennessee: YES Initials: _____

¿Habla español y necesita ayuda con esta carta? Llámenos gratis al BlueCare 1-800-468-9698. Llámenos gratis al TennCareSelect 1-800-263-5479.

We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call the Tennessee Health Connection for free at 1-855-259-0701.

If you have a hearing or speech problem you can call us on a TTY/TDD machine. Our TTY/TDD number is 711 and ask for 888-418-0008.

Need help in another language? You can call TennCareSelect for assistance in any language at 1-800-263-5479. Call BlueCare for assistance in any language at 1-800-468-9698. Interpretation and translation services are free to TennCare members.

Do you need help with this information? Is it because you have a health, mental health, or learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help, and we can help you. Call BlueCare Customer Service at 1-800-468-9698 for more information. Call TennCareSelect Customer Service at 1-800-263-5479 for more information. Do you have a mental illness and need help with this information? The TennCare Advocacy Program can help you. Call them for free at 1-800-758-1638.



BlueCare Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bluecare.bcbst.com

BlueCare Tennessee and BlueCare, Independent Licensees of BlueCross BlueShield Association

BCT-240 (1/15)
Revocation of Authorization To
Disclose Health Information