BlueCare Tennesse

BlueCare℠
TennCare*Select*

Authorization Form

Member's Information

- Insert information about the individual whose information will be released.

Member's Name

Member's Address

Member's Date of Birth M M D D Y Y Y Y

Member's ID Number (on card)

Member's Phone Number

Who Can Release and Receive the Information

- Insert the person/company/ doctor's office who is allowed to release the information and the person/company who is allowed to receive the information.

The following person/company is allowed to release the information as requested:

The information can be provided to (include address)**:**

What Information is Being Released

- Insert what information you are authorizing to be released. Describe in detail the kind of information (e.g. claims information, premium information, medical records, etc.) you want released and if applicable, the date(s) of the information (e.g. claims for the last 6 months, premium payment record for January, etc.).

In addition, if you agree that the following types of information may be released, please indicate so by checking the appropriate boxes:

- ❍ Psychotherapy Notes*
- ❍ HIV or AIDS Records
- ❍ Sexually Transmitted or other Communicable Diseases
- ❍ Mental Health Records
- ❍ Alcohol/Substance Abuse Records
- ❍ Abortion
- ❍ Genetic Testing Records
- ❍ Maternity Records
- ❍ Sexual/Physical/ Mental Abuse

* If this authorization is for psychotherapy notes, this authorization cannot be used for any other type of protected health information. If you want to authorize the use or disclosure of other protected health information as well, an additional form must be submitted.

Purpose of the Release of Information

- ❍ At the request of the member, or
- ❍ If not requested by the member, state the purpose of the release of the information:

Expiration Date

- If not previously revoked this authorization will expire at the earliest of:

- ❍ The date the individual's coverage ends
- ❍ One year from the signature date below
- ❍ Upon the following date, event or condition:

(If an event or condition is specified, the company must be notified in writing of the event or condition for revocation to be effective.)

A copy of this authorization is available to me, or to my authorized representative, upon request and will serve as the original. I understand that IF this information is to be received by individuals or organizations that are not healthcare providers, healthcare clearinghouses, or health plans covered by the federal privacy regulations, my information described above may be re-disclosed by the recipient and no longer protected by the federal privacy regulations. This authorization is subject to revocation at any time upon written notice to the person/company specified below except to the extent that the person/company has already taken action on the disclosure provision contained in this document.

Right to Revoke: *I understand that I may revoke this authorization at any time by giving written notice of my revocation to BlueCross BlueShield of Tennessee, Privacy - 1 Cameron Hill Circle, Building 1, 5th Floor, Chattanooga, Tennessee 37402. I understand that revocation of this authorization will not affect any action you took in reliance on this authorization before you received my written notice of revocation.*

BlueCross BlueShield of Tennessee will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

X _____ M M D D Y Y Y Y

Signature of Adult Member, Parent on Behalf of Minor, as applicable

X _____ M M D D Y Y Y Y

Signature of Legal Representative, if applicable

If a legal representative signs on behalf of the individual, a copy of the legal representative's authority must be attached to this form (e.g. guardianship, conservatorship, custody, etc.).

NOTE: You are entitled to a copy of this authorization

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. BlueCare 1-800-468-9698. Llame al TennCare*Select* 1-800-263-5479 (TTY: 711: 888-418-0008).

Kurdish: کوردی ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 1-800-468-9698 BlueCare 1-800-263-5479 TennCare*Select* TTY (711: 888-418-0008) بکە.

Do you need help with your health care, talking with us, or reading what we send you? Call us for free at: BlueCare 1-800-468-9698 or TennCare*Select* 1-800-263-5479 (TTY: 711 and ask for 888-418-0008).

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or treated you differently? Then call BlueCare1-800-468-9698, TennCare*Select* 1-800-263-5479 or TennCare 1-855-857-1673 (TRS 711) for free.

BlueCare Tennessee

BlueCare Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402

bluecare.bcbst.com

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