



Please return completed form to:

BlueCare Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

Authorization Form: Member Service Permission

This form lets us share all of your health information, including your highly sensitive information, with someone else. This form doesn't give anyone permission to make decisions for you.

Member's Information

Please fill out your information.

First Name: _____ Phone number: _____

Last Name: _____ Date of birth: _____
MM DD YYYY

Address: _____ Member ID number: _____

City: _____ State: _____

ZIP: _____

Person or Organization That Will Receive Your Information

Tell us who BlueCare Tennessee can talk to about your insurance. They will be able to call Member Service for you and learn personal information about you. You can list someone from your family, a friend, a neighbor, or anyone else.

BlueCare Tennessee can share your information with this person/organization (include address):

Person Organization

Organization _____ Address: _____

First name: _____

Last name: _____ City: _____ State: _____

Date of birth: _____
MM DD YYYY

ZIP: _____ Phone: _____

Gender: _____ Email: _____

Male Female Other Prefer not to say

What Information Is Being Used or Shared

BlueCare Tennessee will share with the person or organization listed on this form any information we have about you, including your highly sensitive information. The information we could share about you, if we have it, includes:

- › Family planning information
- › General account information
- › General medical information
- › Genetic testing information
- › HIV/AIDS information
- › Mental health, behavioral health, and intellectual and developmental disabilities information
- › Information about sexually transmitted or other communicable diseases
- › Substance use disorder information

We cannot share psychotherapy or substance use disorder counseling notes using this form.

If you want to change this list or specify a date range, please complete a General HIPAA Authorization form. You can find a General HIPAA Authorization form by contacting Member Service at the number on the back of your card.

Reasons the Information is Being Used or Shared

Member Service Purposes: You have asked us to share your information (including your highly sensitive information) with the person or organization you listed on this form when they contact BlueCare Tennessee for Member Service purposes. These reasons could include to explain your benefits or provide information about claims, to help you schedule an appointment, to help you find a provider, and others.

If you want to designate a different reason for sharing your information, please complete a General HIPAA Authorization form. You can find this form by contacting Member Service at the number on the back of your card.

Expiration or Cancellation

This Authorization Form: Member Service Permission will continue until one of the following events happen:

1. You tell us in writing that you want to cancel it, or
2. Three years from the date you sign this form.

If you want this form to expire on a different date or an event, please complete a General HIPAA Authorization form instead to tell us your preferences. You can find this form by contacting Member Service at the number on the back of your card.

You understand that canceling this form will not affect anything BlueCare Tennessee did based on this form before we receive your cancellation.

Signature

Signing this form is voluntary. BlueCare Tennessee will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this form.

If you sign this form, you are confirming all of the following:

- › You understand this form. You have read this form, and you are giving us your permission to use and share your health information as described in this form.
- › You may cancel at any time: You may cancel the permission to use and share your information by telling us in writing. Send your written cancellation to BlueCare Tennessee, 1 Cameron Hill Circle, Chattanooga, Tennessee 37402.
- › Your information may be shared again: If we share your information (including substance use disorder records) with a person or organization that is not subject to federal health privacy laws, they may share your health information again, and it may not be protected by federal privacy laws anymore.
- › You may have a copy of this form. You have the right to receive a copy of this form after you sign it. Send us a request in writing at the address above if you did not keep a copy.

Member Signature

The member must sign this form if they are 12 or older, unless they are legally incompetent. For members between age 12-17, a Legal Representative must also sign below.

X _____ MM DD YYYY
Signature of member

Legal Representative Signature

A legal representative, such as an executor of an estate or a healthcare power of attorney, must sign this form if:

- › The member is under 18, or
- › The member is legally incompetent, or
- › The member is deceased.

X _____ MM DD YYYY
Signature of legal representative, if applicable

Relationship to individual

If you are signing this form as the member's legal representative, we must have legal documentation that shows that you can make health care decisions for the member for this form to be valid. Please call Member Service at the number on the back of the member card for information on how to submit legal documentation if you are not sure if we have it. If we do not have that legal documentation, BlueCare Tennessee cannot share the member's information.

Do you need help? We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-468-9698 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Arabic: العربية ملاحظة: إذا تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل برقم: (1-866-503-0264 أو TRS/TTY: 711) 1-800-468-9698

Chinese: 繁體中文 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264)

Vietnamese: Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Korean: 한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) 번으로 전화해 주십시오.

French: Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-468-9698 (ATS: 711: 1-866-503-0264).

Amharic: አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በ18 ሊያግዙዎት ተዘጋጅተዋል: ወደ ሚስተለው ቁጥር ይደውሉ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Gujarati: ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Laotian: ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

German: Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Tagalog: Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264) पर कॉल करें।

Russian: Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Japanese: 日本語 「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 電話1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

Persian: فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-800-468-9698 یا TRS/TTY: 711: 1-866-503-0264) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 1-888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling (TRS/TTY: 711: (615) 507-6474. Need help filing a grievance? Call TennCare Connect at 1-855-259-0701.



Do you need help with your health care, talking with us, or reading what we send you? If so, call us for free at:
BlueCare 1-800-468-9698
TennCare*Select* 1-800-263-5479
CoverKids 1-888-325-8386
(TRS: 711 ask for 888-418-0008)



BlueCareSM
TennCare*Select*
CoverKids

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