



Please return completed form to:
BlueCross BlueShield of Tennessee, Inc.
1 Cameron Hill Circle
Chattanooga, TN 37402

Authorization Form: Basic Access

- Please complete this form if you would like to give a person Basic Access to the Member's health information through the Member Portal. This form also lets us provide Basic Access to the Member's health information that we have anywhere in our company with this person (including Member Portal, the BCBSTN mobile application, and Member Services). We can share it in any way, including through phone, fax, and email.
This form does not give anyone permission to make decisions for the Member.

Member's Information

Please fill out the member's information.

Form fields for Member's Information: First Name, Last Name, Address, City, State, Email, Phone Number, Date of Birth (MM DD YYYY), Member ID Number.

Person(s) Who May Have Basic Access

We can give Basic Access to the Member's information to the person named below.

Form fields for Person(s) Who May Have Basic Access: First Name, Last Name, Address, City, State, Email, Phone Number, Date of Birth (MM DD YYYY), Gender (Male, Female, Other, Prefer not to say).

What Information is Being Used or Shared

The person described above will have Basic Access to the Member's health information. They will have access to private health details about the Member, including personal and contact information, health and medical details, insurance information, and social services the Member uses.

Reasons the Information is Being Used or Shared

We are sharing this information at your request, with your approval, and at your direction. The primary purpose of this authorization is to support the Member's or their Personal Representative's right to access and direct the sharing of the Member's health information. Other reasons include support for treatment, payment, and health care operations activities, including care coordination among the Member's care team and with family members, friends, and others involved in care.

Expiration

This authorization will remain in effect until one of the following events happen:

1. You tell us in writing that you want to cancel it.
2. Either:
 - (a) Three years from the date you sign this form, if the Member is at least 18 years old when you sign it, or
 - (b) When the Member turns 18 years old, if the Member is between the age of 13 and 17 years old when you sign this form.
3. We may cancel this authorization either in its entirety or with respect to certain persons as explained in the User Agreement for our Member Portal, such as if we learn that account credentials have been misused.

Acknowledgments & Signature

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

If you don't sign this form, we may not be able to give the person named on this form access to the Member Portal for this Member or to the information.

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 the Member's health information as described in this form.
- › **You may cancel at any time.** You may cancel the permission to use and share the Member's information by telling us in writing. Send your written cancellation to BlueCross BlueShield of Tennessee, Inc., 1 Cameron Hill Circle, Chattanooga, Tennessee 37402. We will honor your cancellation, except to the extent we have already acted in reliance on it.
- › **The Member's information may be shared again.** If we share the Member's information with a person that is not subject to federal health privacy laws (such as HIPAA), they may reshare the Member's health information, 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

Signature of Member

MM

DD

YYYY

Personal Representative Signature

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

- › The Member is under 18 years of age, or
- › The Member is legally incompetent, or
- › The Member is deceased.

Signature of Personal Representative

MM

DD

YYYY

Relationship to Member

If you sign this form as the Member's personal representative, we may need further documentation to verify this relationship. Please call Member Services 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 documentation, we may be unable to share Member information.

Do you need free help with this document? If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

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

Kurdish: کوردی ئەگەر بە کوردی سۆرانی قسه دهکهن، خزمەتگوزارییهکانی وەرگیران بهخۆرای بی دهستتانه. پهیههندی بکهن به ژماره 1-800-468-9698 (TRS: 711: 1-888-418-0008).

Arabic: العربية ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-468-9698 (رقم هاتف الصم والبكم: 711: 1-888-418-0008).

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: 711: 1-888-418-0008)。

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: 711: 1-888-418-0008).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-468-9698 (TRS: 711: 888-418-0008)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: 1-888-418-0008).

Amharic: አማርኛ ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-468-9698 (መስማት ለተሳናቸው 711: 1-888-418-0008)።

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: 711: 1-888-418-0008).

Laotian: ພາສາລາວ ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-468-9698 (TRS: 711: 1-888-418-0008).

German: Deutsch **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-468-9698 (TRS: 711: 1-888-418-0008).

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: 711: 1-888-418-0008).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-468-9698 (TRS: 711: 1-888-418-0008) पर कॉल करें।

Serbo-Croatian: Srpsko-hrvatski **OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-468-9698 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711 1-888-418-0008).

Russian: Русский **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-468-9698 (телетайп: 711: 1-888-418-0008).

Nepali: नेपाली ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छन्। फोन गर्नुहोस् 1-800-468-9698 (टिटिवाइ: 711: 1-888-418-0008)।

Persian: فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-468-9698 (TRS: 711: 1-888-418-0008) تماس بگیرید.

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 you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

BlueCross BlueShield of Tennessee
The Privacy Office
1 Cameron Hill Circle
Chattanooga, Tennessee
37402-0001
Phone: 1-888-455-3824

TennCare
Office of Civil Rights Compliance
310 Great Circle Road, 3W
Nashville, Tennessee 37243
Email: HCFA.Fairtreatment@tn.gov
Phone: 855-857-1673 (TRS 711)
You can get a complaint form online at:
www.tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave SW,
Rm 509F, HHH Bldg
Washington, DC 20201
Phone: 800-368-1019
(TDD): 800-537-7697
You can get a complaint form online at:
<https://www.hhs.gov/ocr/complaints/index.html>
Or you can file a complaint online at:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>



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

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

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