



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

## Authorization Form: Full Access+

- › **Please complete this form if you would like to give a person Full Access+ to all the Member's health information through the Member Portal.** This form also lets us share all the Member's health information 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.
  
- › If the Member is between the age of 13 and 17, please know that:
  - This form must be signed by both the Member and their Personal Representative to be valid. A Personal Representative is a person who has legal authority to make health care decisions for the Member, like a parent or legal guardian.
  
  - This form will also allow the Member's Personal Representative to share the Member's health information with anyone they choose, including third-party applications, health care providers, other health plans, and the people and companies who work with them.

### Member's Information

**Please fill out the member's information.**

First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM DD YYYY  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Member ID Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Person(s) Who May Have Full Access

We can share all the Member's information with the person named below. If this person is the Member's Personal Representative, you also give us permission to share all the Member's information with anyone the Personal Representative chooses, including third-party applications, health care providers, other health plans, and the people and companies who work with them.

First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM DD YYYY  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Gender:  Male  Female  
 Other  Prefer not to say  
Email: \_\_\_\_\_

## What Information is Being Used or Shared

The person(s) described above will have Full Access to all 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. The information they will have access to may reveal highly sensitive health information about the Member, including information about the Member's treatment or care for reproductive health (including family planning, contraception, miscarriage, abortion, maternity, infertility), substance use disorders (including drugs and alcohol), mental or behavioral health disorders, communicable diseases (including HIV/AIDS and sexually transmitted diseases/infections (STDs/STIs)), developmental or intellectual disabilities, genetic disorders (including genetic testing for such disorders and genetic history), abuse (including sexual, physical or mental), brain or other cognitive disorders, or other sensitive information. By signing this form, you are specifically authorizing the sharing of this highly sensitive health information.

## 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. w

## Special Information about SUD Records

If the Member's health information includes substance use disorder (SUD) records that might be protected by a federal law found at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 (called Part 2), special rules apply. Specifically:

- › SUD records disclosed for treatment, payment, and health care operations purposes with anyone regulated by the Health Information Portability and Accountability Act and its implementing regulations (called HIPAA), may be redisclosed by them for any purpose permitted by HIPAA, except that SUD records cannot be used in civil, criminal, administrative, or legislative proceedings against the Member.
- › Due to current technical and data segmentation infeasibility issues, we cannot separate specially protected SUD records from other information. That means we follow the more stringent Part 2 rules when it comes to our Member Portal, BCBSTN mobile application, and related interoperability services.
- › 42 CFR Part 2 prohibits unauthorized use or disclosure of these records.

## 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 use of our Member Portal and related interoperability services, such as if we learn that account credentials have been misused or if a third-party application poses an unacceptable security risk to our systems.

## 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, BCBSTN mobile application, or our related interoperability services for this Member or access to the information. If the person named on this form is your Personal Representative, your Personal Representative may not be able to use our related interoperability services. If you don't sign and you are between 13-17, your Personal Representative will continue to have Basic Access to your health information in accordance with the laws that apply to BlueCross.

**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 (including SUD Records) with a person that is not subject to federal health privacy laws (like HIPAA or Part 2), 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

The Member must sign this form if they are age 13 or older, unless they are legally incompetent. For members between the ages of 13-17, a Personal Representative must also sign below.

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Signature of Member

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MM

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DD

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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.

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Signature of Personal Representative

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MM

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DD

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YYYY

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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 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፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ 1-800-468-9698 (TRS/TTY: 711: 1-866-503-0264).

**Gujarati:** ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા છો, 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 (1-866-503-0264 یا TRS/TTY: 711) 1-800-468-9698 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](mailto: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)**



BlueCare<sup>SM</sup>  
TennCare*Select*  
CoverKids

1 Cameron Hill Circle | Chattanooga, TN 37402 | [bluecare.bcbst.com](http://bluecare.bcbst.com)

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