

What Information Is Being Used or Shared

Select the information you want BlueCare Tennessee to share with the person or organization listed on this form. You can give us a date range for the information you want us to share. If you don't give us a date range, we will share all the information we have about you from the selected categories.

Option 1 - All Information

Note: Selecting Option 1 won't authorize release of psychotherapy notes or substance use disorder (SUD) counseling notes.

Specific dates (optional) - please specify _____ (If answer is all dates, leave blank.)

Option 2 - Limited Information - select which boxes apply.

Check the type of information you are giving permission to be used or shared:

- | | |
|--|--|
| <input type="checkbox"/> Family planning information | <input type="checkbox"/> Mental health, behavioral health, and intellectual and developmental disabilities information |
| <input type="checkbox"/> General account information (eligibility, benefits, enrollment status, payments, appointments, phone and email address) | <input type="checkbox"/> Information about sexually transmitted or other communicable diseases |
| <input type="checkbox"/> General medical information | <input type="checkbox"/> Substance use disorder information |
| <input type="checkbox"/> Genetic testing information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HIV/AIDS information | |

Specific dates (optional) - please specify _____ (If answer is all dates, leave blank.)

Option 3 - Psychotherapy Notes or Substance Use Disorder Counseling Notes – select which boxes apply. Federal law requires a separate authorization to use or share psychotherapy or substance use disorder counseling notes. If you want to check either of these boxes in Option 3, and you've already checked a box in Option 1 or Option 2, please complete a separate form to select these boxes.

Check the type of information you are giving permission to be used or shared:

- Psychotherapy notes
- Substance use disorder counseling notes
- Specific dates (optional)** - please specify _____ (If answer is all dates, leave blank.)

Reasons the Information is Being Used or Shared

Select One:

- Member request
- State the reason the information is being used or shared:

Special Information about SUD Records

If you are asking us to share SUD records, special information applies:

- › Your SUD Records might be shared for treatment, payment, and health care operations purposes (TPO Purposes). If you are asking us to share SUD Records with a health plan, another third-party payer, one of your treating health care providers, or one of their service providers or vendors, we are sharing SUD Records with them for TPO Purposes.
- › Your SUD Records might be treated like other health information: Certain SUD Records are protected by both the HIPAA Privacy Rule and a law called the Confidentiality of Substance Use Disorder Patient Records Rule (Part 2 Rule). HIPAA regulates health plans, certain health care providers and some of their service providers or vendors. If we share those SUD Records with a person, individual or organization that HIPAA regulates, the SUD Records can be reshared if allowed by the HIPAA Privacy Rule, except that the SUD Records cannot be used against you in a civil, administrative, or legislative proceeding.
- › 42 CFR Part 2 prohibits unauthorized use or disclosure of these records.

Expiration or Cancellation

This General HIPAA Authorization Form will continue until one of the following events happen:

1. (Optional) The following date or event that you list happens: _____
(Leave blank if not applicable.)
2. You tell us in writing that you want to cancel it, or
3. Either: (a) Three years from the date you sign this form
if you are at least 18 years old when you sign this form, or
(b) You turn 18 years old, if you are between
12-17 years old when you sign this form.

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 don't sign this form, BlueCare Tennessee won't send the person or organization listed on this form the information unless BlueCare Tennessee is required or allowed to send it by law.

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 SUD Records) with a person or organization that is not subject to federal health privacy laws, they may reshare your health information, and it may not be protected by federal privacy laws anymore.
- › Your legal representative can tell us to share your information. If you are under 18 and you sign this form to give your legal representative access to your highly sensitive information, they will be able to access all of your highly sensitive information that we have. Even if you don't sign this form, they already can know account and medical information about you that is not highly sensitive.
- › 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

Signature of member

MM

DD

YYYY

Legal Representative Signature

A legal 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, or
- › The member is legally incompetent, or
- › The member is deceased.

X

Signature of legal representative

MM

DD

YYYY

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 ID 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 مجاناً. 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 ድርጅቶቻችን በነጻ ሊያገለግሉዎት 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. ໂທສ 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)



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