

Revocation of Authorization to Disclose Health Information Form

Member's Information

- Mail the completed form to:
BlueCare Tennessee
1 Cameron Hill Circle, Suite 73
Chattanooga, TN 37402
- Or fax it to:
1-423-535-1976

Member's Name

Member's Address

Member's Date of Birth

Member's ID Number (on card)

Member's Phone Number

Information Release Revocation

I hereby request that the authorization to disclose health information to:

be revoked (cancelled) effective

MM DD YYYY

Agreement

I understand and Agree to the following:

- This revocation will not have any effect on any action that BlueCare Tennessee took prior to the effective date of this revocation.
- By completing this form, the person listed will no longer have access to the information.
- Revoking this authorization will not affect my benefits, claims payment or care delivered.
- I have a right to receive a copy of this form after I sign it.
- I would like a copy of this form: YES Initials: _____

Signature

BlueCare Tennessee does not accept partial revocations. If you wish to only change the type of information released and not cancel who may receive the information, you must still revoke this authorization and submit a new Authorization to Disclose form if you wish to continue to release information for any part of the original request.

Relationship to the Individual/Member:

- Self
- Parent of Minor Child
- Legally Authorized Representative (Power of Attorney, Legal Guardian, Executor or Administrator)

If you are signing as a Legally Authorized Representative attach a copy of the appropriate legal document(s) granting you the authority to do so. You do not have to attach copies of documents if you already have those documents on file with BlueCare Tennessee.

- My legal documents granting authority to act on the individual's behalf are already on file with BlueCare Tennessee: **Initials:** _____

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

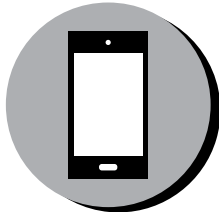
M	M	D	D	Y	Y

X _____
Signature of Legal Representative, if applicable

M	M	D	D	Y	Y

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-325-8386. (TRS: 711: 1-866-591-2908).

Kurdish: ئەگەر بە کوردی سۆزانی قسە دەکەن، خزمەتگوزارییەکانی وەرگیران بەخۆراییی دەخزێتە بەردەستتان. پەیوەندی بکەن بە ژمارە 1-888-325-8386 (TRS: 711: 1-866-591-2908).



Do you need help with your health care, talking with us, or reading what we send you? Call us for free at 1-888-325-8386. We can connect you with the free help or service you need. (For TRS call: 1-866-591-2908)

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 CoverKids 1-888-325-8386 *(TRS 711) for free.



BlueCare Tennessee
1 Cameron Hill Circle, Suite 73 | Chattanooga, TN 37402

bluecare.bcbst.com

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CKIDS-240 (7/19)