Member's Authorization Request Form

Commercial Operations / IDC

You may give Blue Cross and Blue Shield of North Carolina (Blue Cross NC) written authorization to disclose your protected health information (PHI) to anyone that you designate and for any purpose. If you wish to authorize a person or entity to receive your PHI, please complete the information below.

Parents/Guardians: We want to be able to speak with you on behalf of your dependent child (over the age of 18 or between the ages of 14-18 for certain diagnosis) about their PHI. In order to do this, we are required to have their consent by completion of this form.

MEMBER WHOSE INFORMATION WILL BE DISCLOSED:

Member First Name:_____ M.I._____ Member Last Name: _____

MEMBER'S DATE OF BIRTH

☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

SUBSCRIBER ID NUMBER (FROM YOUR ID CARD)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The purpose of this disclosure is:

☐ to assist me with my health plan ☐ to coordinate and manage my health care ☐ Other _____

At my request, I authorize Blue Cross NC to disclose Protected Health Information to (If you choose, you may designate more than one person. However, you must fill out one form per person.):

☐☐☐☐☐☐☐☐☐☐ ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
FIRST NAME M.I. LAST NAME

RELATIONSHIP TO MEMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please provide the following information to the person you have authorized so that we may verify the person's identity and authority to receive your PHI: (i) your subscriber ID number, (ii) your date of birth, and (iii) subscriber address.

I authorize Blue Cross NC to disclose the following PHI to the person/entity listed above. CHECK ONLY BOXES THAT APPLY:

☐ ALL Information Requested
☐ Premium Payment Information
☐ Enrollment Information
☐ Explanation of Benefits (EOB) Information
☐ Benefit Information
☐ All Claims Information

☐ All Services from a Specific Health Care Provider(s) (List Provider's Name): _____

☐ Other (Please List Specific PHI and/or Date Ranges): _____

If applicable, this information may contain sensitive data, including data related to treatment of sexually transmitted or communicable diseases, HIV/AIDS, mental and behavioral health (except psychotherapy notes), genetic testing and termination of pregnancy.

If applicable, I authorize Blue Cross NC to release alcohol/substance abuse information related to the above request. ☐ **Yes** ☐ **No**

CONTINUED ON NEXT PAGE

Note: This authorization will become effective on the date Blue Cross NC enters this authorization into its business system, typically five (5) days following receipt. If you want this authorization to become effective on a later date, please insert the date here: → ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

I would like this authorization to expire on (enter date): → ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

OR

☐ **WHEN MY COVERAGE EXPIRES**
(If no expiration date is provided, this authorization will expire twelve (12) months from the date of receipt.)

I understand that I may revoke this authorization at any time by giving Blue Cross NC written notice mailed to the address below. I also understand that the revocation will not affect any action Blue Cross NC took in reliance on this authorization before Blue Cross NC received my written notice of revocation.

I also understand that this authorization will not affect the provision of or payment for my health plan benefits.

I also understand that if the persons or entities I authorize to receive my PHI are not subject to the Health Insurance Portability and Accountability Act ("HIPAA") or other federal health information privacy laws, they may re-disclose the PHI and it may no longer be protected by HIPAA.

However, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

Signature: _____ **TODAY'S DATE** ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

If signed by an Individual Other than the Member (Print your Full Name): _____

Describe your authority to act for the member (e.g., power of attorney, court order, parent of minor child, etc.): _____

NOTE: Please attach the legal document naming you as the personal representative if you have not previously submitted it to us.

Return this authorization to:

Commercial Operations / IDC
Blue Cross and Blue Shield of North Carolina
PO Box 2291
Durham, NC 27702-2291

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-206-4697 (TTY and TDD, call 711) or speak to your provider.

Spanish / Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliaries apropiados para proporcionar información en formatos accesibles. Llame al 1-888-206-4697 (TTY and TDD, call 711) o hable con su proveedor.

Chinese / 中文
注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提 供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-206-4697 (TTY and TDD, call 711) 或咨询您的服务提供商。」

Vietnamese / Việt
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-206-4697 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean / 한국어
주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-206-4697
(TTY and TDD, call 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

French / Français
ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-206-4697 (TTY and TDD, call 711) ou parlez à votre fournisseur.

Arabic / العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانا. اتصل على الرق م 1-888-206-4697 (TTY and TDD, call 711)
أو تحدث إلى مقدم الخدمة

Hmong / Lus Hmoob
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-888-206-4697 (TTY and TDD, call 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

BlueCross BlueShield of North Carolina

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call the Customer Service or TTY number on the back of your member ID card.

ATENCIÓN: Si habla otro idioma, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio de Atención al Cliente al número de teléfono para personas con problemas auditivos (TTY) que figura al dorso de su tarjeta de identificación.

注意：他の言語を話す方は、言語支援サービスを無料でご利用いただけます。
顧客サービスにお電話いただくか、会員IDカードの裏面にあるTTYサービスをご利用ください。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Dịch vụ khách hàng hoặc TTY trên mặt sau thẻ ID thành viên của bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
가입자 ID 카드 뒷면에 있는 고객 서비스 혹은 TTY 번호로 전화해 주십시오.

ATTENTIONₒ: si vous parlez une autre langue, des services d'aide linguistique vous sont proposés gratuitement. Contactez le service clients au numéro figurant au dos de votre carte de membre.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم خدمة العملاء أو رقم الهاتف النصي الموضح على ظهر بطاقة هوية العضو.

LUS CEEB TOOM:Yog tias koj hais lus Hmoob, , peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Customer Service tus xov tooj los yog tus xov tooj TTY rau cov neeg tsis hnov lus zoo uas nyob sab tom qab koj daim npav ID.

ВНИМАНИЕ: Если вы говорите на другом языке, то вам доступны бесплатные услуги перевода. Позвоните в Отдел обслуживания по номеру, указанному на обратной стороне вашей идентификационной карточки участника.

PAUNAWA: Kung nagsasalita ka ng ibang lengguwahe, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero ng Customer Service o TTY sa likod ng iyong member ID card.

સૂચના: જો તમે ગુજરાતી બોલતા હોવ તો તમારા માટે ભાષા સેવાઓ નિ:શુ ક ઉપલ ધ છે. તમારા સ યપદ ઓળખપ રની (આઈ.ડી) પાછળની બાજુ પર આપેલ ગરાહક સેવાઓના નંબર અથવા TTT નંબર પર કૉલ કરો.

ចំណាំ៖ ប្រសិនប្របោកអ្នកនិយាយជាភាសាខ្មែរ បសវាកមជំនួយម្កភាសាមាន្តល់ជូនសបមាប្របោកអ្នកបោយមិនគិតថ្លៃ។សូមបៅបៅកា ន់បសវាអតិ្ថជនបោយបប្របលទូរស័ព្ទបៅខាង្នងកាតសមាជិកប្រស់បោកអ្នក។

ACHTUNG: Falls Sie eine andere Sprache sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die Nummer des Kundenservices oder von TTY an, die auf der Rückseite Ihrer Mitgliedskarte angegeben ist.

ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। अपने सदस्य आईडी कार्ड के पीछे मौजूद ग्राहक सेवा या TTY नंबर पर कॉल करें।

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພູາສາອື່ນ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສຸາໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາຝາຍບໍລິການລູກຄາຫລື ເບີ TTY ຢູດານຫຼັງບັດປະຈຳຕົວຂອງທານ.

注意：如果您講廣東話或普通話，　您可以免費獲得語言援助服務。請撥打您會員 ID 卡背面的客服或TTY號的電話號碼。

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