Request for Release of Member's Protected Health Information

Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Use this form if you are a Blue Cross* member's personal representative and you need access to the member's protected health information (also known as PHI).

A Representative who is requesting information

Please print your name below and check the box that describes your relationship to the member.

Your full name _____

Relationship to member *(check one)*

- ☐ Legal guardian: *Attach guardianship documentation, which must have a court's stamp and signature.*
- ☐ Power of attorney: *Attach power of attorney (**must include** authorization of the release of healthcare information).*
- ☐ Executor: *Attach letter of appointment of executorship, which must have a court's stamp and signature.*
- ☐ Patient Advocate: *Attach Designation of Patient Advocate form, signed by member.*
- ☐ Other: *Please explain your relationship to the member and attach any supporting documentation.*

B Member whose information will be shared

This form can only be used for one member. Please submit a separate form for each member.

Name _____ **Date of birth** _____

Enrollee ID (number on ID card beginning with 1 to 3 letters) _____

Address _____ **Daytime phone** _____

City _____ **State** _____ **ZIP** _____

C Protected health information to be shared *(check one)*

- ☐ Any and all information (including personal, health, demographic, claims, billing and medical records)
- ☐ Only limited information (such as for specific treatments, dates of service or billing details)

(please describe) _____

Please check below if you would also like to include any of the following highly protected information (known as Super PHI):

- ☐ Substance abuse records (including alcoholism)
- ☐ AIDS or HIV treatment records
- ☐ Mental health services (does not include psychotherapy notes)

Form continues on page 2.

* "Blue Cross," "we" or "us" refers to Blue Cross Blue Shield of Michigan, Blue Care Network, Blue Care Network Service Company, Blue Care of Michigan, Inc. or Blue Cross Complete of Michigan.

D Expiration and cancellation

This permission will expire *(check one box only)*:

☐ On this date (month, day and year, MM/DD/YYYY) _____

☐ When canceled, or upon my death

I understand that I can cancel this authorization at any time by submitting a written request on a standard form, available online at **bcbsm.com** or by calling the number on the back of the member's ID card. I understand that cancellation will not apply to information that has been released by this authorization.

E Authorization and signature

I allow the use and disclosure of protected health information as described above. This information is being released at my request. I understand that treatment, payment, enrollment or eligibility for benefits does not depend on whether I sign this authorization. **Note: If information is shared with a person or organization that is not legally required to obey privacy laws, the information may be shared with others and no longer protected.**

Signature of personal representative

SIGN HERE _____ Date _____

ATTACH You must attach proof of your relationship to the member (See section A of this form for examples of acceptable documentation).

IMPORTANT: Please read the form over carefully and be sure you have included all necessary information and documentation. We cannot take additional information by phone, fax or email. If information is missing we will have to contact you and request a new form.

Mail completed consent form and documentation to:
Blue Cross Blue Shield of Michigan
Mail Code X420
600 East Lafayette Blvd., Detroit, MI 48226
or fax to: **1-866-894-3101.**

For additional assistance completing this form, call the number listed on the back of the member's ID card.

Medicare Plus Blue, BCN Advantage and Prescription Blue are PPO, HMO, HMO-POS and PDP plans with Medicare contracts. Enrollment in Medicare Plus Blue, BCN Advantage and Prescription Blue depends on contract renewal.