

Authorization to Release Information

Please read these instructions carefully before completing the form on page 2

WHEN TO USE THE FORM

- You must complete this form if you want Blue Cross Blue Shield FEP Dental (BCBS FEP Dental) to give Protected Health Information (PHI) about you to someone else (for example: your spouse, your daughter or son, or a friend.)
- Please remember that your treating dental provider already has access to your PHI.
- Parents or a legal guardian must sign for a minor.

HOW TO COMPLETE THE FORM

- This Authorization to Release Information form must be *completed* and *signed* by one of the following:
- The member whose PHI will be released; or
- The parent or legal guardian of a minor whose PHI will be released; or
- The Personal Representative of the member whose PHI will be released. *Note: In this instance in addition to the completed form, also send us a copy of the document which appoints the individual to be the Personal Representative of the member whose PHI is to be released: (e.g. power of attorney, conservator, legal guardian, executor).*

TO COMPLETE THE FORM

- Print the first and last name as well as the middle initial of the member whose PHI will be released, as well as his or her date of birth. In addition, also provide the member's ID number which can be found on the ID card of the member noted above. Check the type(s) of information you want us to release.
- Print the first and last name as well as the complete address of the person or organization who will receive the PHI.
- Sign and date the form.
- If you are not the member whose PHI will be released, state your relationship to that person.

MAIL OR FAX THE FORM TO:

Attn: Privacy Officer
BCBS FEP Dental
PO Box 9304
Minneapolis, MN 55440-9304

Or

Secure Fax # (855)-808-2014



Authorization to Release Information

Member Information (name of individual who is the subject of the data)

Member Name: _____
(First name) (Last Name) (Middle initial)

Date of Birth: _____

Member's 9-Digit ID Number (Located on BCBS FEP Dental ID card): _____

I authorize BCBS FEP Dental to release: (check one of the two choices below)

Any and All Information Requested

Only the following information: _____

BCBS FEP Dental may release this PHI to:

(Please Print Legibly)

Name: _____

Street Address: _____

City, State, Zip _____

Name: _____

Street Address: _____

City, State, Zip _____

I understand that the person(s) I have named to receive PHI may not be subject to privacy laws. They may be able to release the PHI and privacy laws may no longer protect it.

Right to Revoke

I understand that I may cancel this authorization at any time, but it will not affect any release of PHI completed before I cancel it.

Expiration Date: Check one of the two possible choices, below, to signify how long this authorization is valid:

For six (6) years after the date it is signed which is the maximum time allowed.

Until (specify date if less than six (6) years here) _____

Signature of Member
(Who is granting release of his or her own information)

Date: _____

OR

Signature of Parent
(Only if authorizing release of information pertaining to a minor)

Date: _____

OR

Signature of Personal Representative:
(Include the document which appoints the Personal Representative)

Date: _____

Personal Representative's Name: _____
(First name) (Last name) (Middle initial)

Relationship to Member: _____

Note: You have a right to keep a copy of this form after you sign it.

Discrimination is Against the Law

BCBS FEP Dental complies with all applicable Federal civil rights laws, to include both Title VII and Section 1557 of the ACA. Pursuant to Section 1557 BCBS FEP Dental does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex (including pregnancy and gender identity).

BCBS FEP Dental makes the following available:

- Free aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (such as accessible electronic formats)

- Free language assistance to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the customer service number 1-855-504-BLUE (2583), or dial 711 for TTY relay services.

If you believe that we have not provided you these services or discriminated against you in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with BCBS FEP Dental by:

Calling BCBS FEP Dental at 1-855-504-BLUE (2583), or dial 711 for TTY relay services.

Sending a letter to BCBS FEP Dental, P.O. Box 551, Minneapolis, MN 55440-0551.

For information about how to file a civil rights complaint, go to www.bcbsfepdental.com.

Proficiency of Language Assistance Services

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-504-2583 (TTY: 711).

Chinese

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 1-855-504-2583 (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-504-2583 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-504-2583 (TTY: 711) 번으로 전화해 주십시오.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-504-2583 (TTY: 711).

Persian (Farsi)

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