CareFirst Community Health Plan Maryland

# Designation of Personal Representative

You may choose someone to make health care decisions for you, including treatment and payment issues.
This person can be a family member, friend, lawyer, or someone else.

Please type or print neatly. We cannot process incomplete or illegible forms.

Please mail or fax the completed form to: CareFirst BlueCross BlueShield, Privacy Office, PO Box 14858, Lexington, KY 40512

Email: privacy.office@carefirst.com Fax: 1-410-505-6692

**Please keep a copy of this document for your records. If you need additional assistance, please contact Member Services at 410-779-9932 or toll free 1-844-386-6762.**

| DESIGNATION OF PERSONAL REPRESENTATIVE IS GIVEN TO |
|---|
| Name of Health Insurance Plan<br>CareFirst BlueCross BlueShield Community Health Plan Maryland |

| TO RELEASE RECORDS OF | | | |
|---|---|---|---|
| Last Name, First Name, MI | | | Member ID |
| Street Address | | | |
| City | | State | ZIP |
| Home Telephone | Work Telephone | Date of Birth (mm/dd/yyyy) | |

| I HEREBY DESIGNATE THE FOLLOWING INDIVIDUAL(S) AS MY PERSONAL REPRESENTATIVE | | |
|---|---|---|
| Name of Individual | Telephone | |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |
| Name of Individual | Telephone | |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |
| Name of Individual | Telephone | |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CareFirst Community Health Plan Maryland

| PLEASE READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS DOCUMENT |
| --- |
| 1. I understand that this designation will not expire unless I indicate an expiration date, or I revoke it.<br>2. I understand that this designation is voluntary and being made at my request.<br>3. I understand that the released information may no longer be protected by federal privacy laws and may be redisclosed by the individual or organization that receives the information.<br>4. I understand that I may refuse to sign this designation form. This will not affect how I am treated by my health care provider or health plan in any way.<br>5. I understand that I may revoke this designation at any time by sending written notification to the Privacy Office at the address listed on page 1. This revocation will be effective for future uses and disclosures of protected health information. However, I also understand that this revocation will not apply to information that my health plan has already used or disclosed while the designation was in effect. |

| Signature | Date |
| --- | --- |
| | |

To sign this form, you must be 18 years old. You must also be the person whose records have been requested. If you are a representative, please attach a copy of the form showing your legal right to sign for the person in question.

Your mental health or substance use information is protected by law. If so, the person who received your information is not allowed to disclose it unless you allow it. For more information, please see applicable federal, state and district laws.

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CareFirst Community Health Plan Maryland

CareFirst BlueCross BlueShield Community Health Plan Maryland complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareFirst BlueCross BlueShield Community Health Plan Maryland does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareFirst BlueCross BlueShield Community Health Plan Maryland:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at 410-779-9369, or toll-free at 1-800-730-8530, 8 AM to 5 PM EST, Monday through Friday. TTY users should call 711.

If you believe that CareFirst BlueCross BlueShield Community Health Plan Maryland has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareFirst BlueCross BlueShield Community Health Plan Maryland<br>
c/o Appeals and Grievance Department<br>
P.O. Box 915<br>
Owings Mills, MD 21117<br>
Phone: 410-779-9369 or toll-free at 1-800-730-8530<br>
Fax: 1-844-329-0831

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievance Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services<br>
200 Independence Avenue, SW<br>
Room 509F, HHH Building<br>
Washington, D.C. 20201<br>
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CareFirst Community Health Plan Maryland

ENGLISH ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-730-8530 (TTY: 711).

SPANISH ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-730-8530 (TTY: 711).

CHINESE 小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨1-800-730-8530 (TTY: 711).

KOREAN 알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-730-8530 (TTY: 711)로 연락주시기 바랍니다.

VIETNAMESE CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-730-8530 (TTY: 711).

FRENCH ATTENTION : Si vous parlez français, des services gratuits d’interprétation sont à votre disposition. Veuillez appeler le 1-800-730-8530 (TTY: 711).

TAGALOG Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-730-8530 (TTY: 711).

RUSSIAN ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-730-8530 (телетайп: 711).

AMHARIC
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-730-8530 (መስማት ለተሳናቸው: 711).

KRU (Bassa)
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔ́ ɔ̀ -wùɖù-po-nyɔ̀ ] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ ìn m̀ gbo kpáa. Ɖá 1-800-730-8530 (TTY:711)

IBO
Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call 1-800-730-8530 (TTY: 711).

YORUBA
AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-730-8530 (TTY: 711).

URDU
زبان ،ہیں بولتے انگریزی آپ اگر :توجہ . ہیں دستیاب کو آپ مفت ،خدمات معاونت
1-800- 730-8530 کال کریں) ٹی ٹی وائی
711).

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

FARSI
توجه :چنانچه به زبان فارسی صحبت میکنید، خدمات کمک زبانی، به
.صورت رایگان، در اختیار شما قرار خواهد گرفت
تماس بگیرید. (TTY: 711) با شماره 1-800-730-8530

FRENCH CREOLE ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-730-8530 (TTY: 711).

PORTUGUESE ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-730-8530 (TTY: 711).

ARABIC
ملاحظة :إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا
من أجلك .اتصل بالرقم 1-800-730-8530 (الهاتف النصي: 711).

GUJARATI
□ુના: જો તમે જરાતી બોલતા હો, તો િન: લ્□ુ ભાષા સહાયસેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-800-730-8530 (TTY: 711).

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.