

Accounting of Disclosures Request

Use this form to get a record of any Protected Health Information (PHI) administered by Blue Cross Community MMAI disclosed about you.

Part A:

Please give the name of the person whose PHI may have been disclosed:

<Participant Name> _____

<Address> _____

<City> _____ <State> _____ <ZIP> _____

<Phone Number> _____

<Date of Birth> _____

<Member ID Number> _____

Part B:

Please list the dates that this request will cover:

From: _____ To: _____
<Month/Day/Year> <Month/Date/Year>

We are not required to give you a record of any disclosures that exceed six (6) years prior to the date of the request. Also, the record you will get does not have any disclosures that were made:

- . About any health care services that you received;
- . About any payment that was made for your health care services;
- . Directly to you;
- . Directly to others that you let represent you and help you with your health care;
- . To prevent or lessen a national threat to health and safety;
- . To help government officials for special government functions; and
- . To help the police and other people who carry out the law.

Part C:

Signature: the document must be signed by the member, or an authorized Representative.

<Signature>

<Date>

If Part C was signed by an authorized representative; you must:

- 1) Attach a copy of a valid Health Care Power of Attorney, a current court order, or other official document that proves that you have been given permission to act for the member. Please provide the following information:

<Print Full Name of the Authorized Representative>: _____

<Relationship to Member>:

<Address>:

<City, State and Zip>:

<Telephone Number>:

When you are done, please mail or email this form along with any other documents back to:

Blue Cross Community MMAI
C/O Privacy Office
P.O. Box 805106
Chicago, IL 60680-4112
OCA_SSD@bcbstx.com

If you have any questions, please call Member Services at **1-877-723-7702** (TTY **711**). We are available 24 hours a day, seven (7) days a week. The call is free.

Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- 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 Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator 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
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TTY/TDD)

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

English: ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call **1-877-723-7702 (TTY/TDD: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-723-7702 (TTY/TDD: 711)**.

繁體中文 (Chinese): 爕：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 1-877-723-7702 (TTY/TDD: 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-723-7702 (TTY/TDD: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-723-7702 (ATS : 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-723-7702 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-723-7702 (TTY/TDD: 711)**.

(Korean): : ,
 . **1-877-723-7702 (TTY/TDD: 711)** .

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-723-7702 (телетайп: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم: 117).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-723-7702 (TTY/TDD: 711)** पर कॉल करें।

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-723-7702 (TTY/TDD: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-723-7702 (TTY/TDD: 711)**.

أردو (Urdu): کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو، ہیں بولتے اردو آپ اگر: خبردار **1-877-723-7702 (TTY/TDD: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-723-7702 (TTY/TDD: 711)**.

λ λ η ν ι κ á (Greek): : μιλάτε ελληνικά,
διάθεσή σας ρίσκονται υπηρεσίες γλωσσικής
υποστήριξης, οποίες παρέχονται δωρεάν.
Καλέστε **1-877-723-7702 (TTY/TDD: 711)**.