



Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

REQUEST FOR ACCESS TO DESIGNATED PROTECTED HEALTH INFORMATION RECORDS

Use this form to request to inspect or obtain copies of your protected health information in the designated record set that we or our business associates, maintain.

Please provide the following information:

NAME		DAYTIME PHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	DATE OF BIRTH
ENROLLEE ID NUMBER			

You have the right to inspect or obtain a copy of protected health information in your designated record (except certain limited information, such as copies of psychotherapy notes, information we have compiled in anticipation of, or for use in a civil, criminal, or administrative action or proceeding, and certain other records).

Unless you indicate otherwise, we will provide a summary of the records.

I am requesting:

A summary of all records maintained in the designated record set:

From: _____
Month Year

To: _____
Month Year

Specific records: _____

The manner in which you prefer to access your records:

Paper copies mailed to: _____
Name of recipient

Street address

City, state, ZIP code

In person. I would like to review the records in person at a location designated by Blue Cross Complete of Michigan.

Electronically. Please select the format to receive your copies:

PDF

Other (please specify): _____

I would like my electronic copies delivered to:

An email address: _____

Name of recipient

Email address of recipient

Please sign and date:

Signature

Date

If you are not the member, please sign and write today's date below, then check the box that describes your relationship to the member. If you are not the parent of a minor member, please attach proof of your relationship to the member. An authorization form is required if you are not the personal representative.

Name of personal representative: _____

Signature of personal representative and date: _____

Parent of minor child Legal guardian Power of attorney Executor Other _____

Please return this form to: **Blue Cross Complete of Michigan**
Compliance Office
4000 Town Center – Suite 1300
Southfield, MI 48075

Blue Cross Complete of Michigan will make reasonable attempts to produce the designated record in the form and format you have requested. However, if we cannot produce the records in the form and format you have requested, we have the right to contact you to establish a mutually agreeable alternative.



Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan 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 Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) 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 Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan 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:

Blue Cross Complete of Michigan Member Grievances

P.O. Box 41789
North Charleston, SC 29423

1-800-228-8554
(TDD/TTY: **1-888-987-5832**)

- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service 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, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, 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
(TDD/TTY: **1-800-537-7697**)

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

(Continued on next page)

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