

Do you want us to share your health information with someone?

Fill Out the Form to Permit Us to Use or Release Your Protected Health Information

By law, at Blue Cross and Blue Shield of Louisiana (Louisiana Blue), we must safeguard your protected health information. Protected health information is any information in your medical record that can be used to identify you and that was created, used, or disclosed while providing a healthcare service. For instance, if you went to a doctor and the doctor diagnosed a disease, that information is protected.

Specifically, under the Health Insurance Portability and Accountability Act (often called HIPAA), health information such as diagnoses, treatment information, medical test results, and prescription information are protected health information. Also, national identification numbers and demographic information are protected. That means birth dates, phone numbers, email addresses, and Social Security numbers are also protected health information.

Do you want us to share your health information with someone?

You may authorize Louisiana Blue to share your information with others by completing this form. Your choice will not affect your health plan or your benefits.

By filling out this form, you give us at Louisiana Blue and our subsidiary, HMO Louisiana, Inc. permission to release your protected information to other people or organizations.

You should know that these people or organizations may not have to follow federal privacy laws. They may also share your information and federal laws may no longer protect it.

Generally, we use this form to release information for one time only. If you would like us to share your information with someone more frequently, fill out a form called Name an Authorized Delegate. For a copy of that form, go to www.bcbsla.com/forms-and-tools.

Where Should You Send this Form?

After the form has been completed, return it to the person or department that gave it to you or that asked you to fill it out. You may also mail it to us:

**Privacy Office
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029**

I Allow Louisiana Blue to Use or Release Information About My Health

What you need to know

By filling out this form, you give Louisiana Blue and its subsidiary, HMO Louisiana, Inc. permission to release your protected health information to other people or organizations. You should know that we may give this information to people or organizations that do not follow federal privacy laws. They may also share your information and federal laws may no longer protect it.

You can choose whether or not we may release your information. Your choice will not affect your health plan or your benefits.

Who is the member?

Member's name As shown on the LA Blue ID card			
Mailing Address	Street		
	City	State	ZIP
Daytime phone number		Email	
Louisiana Blue ID number or Medicare ID number		OR	Social Security Number
Date of birth			

What type of protected health information may we use or release?

Reason or purpose for using or releasing information	Specific Purpose or Reason	
This Authorization		
<input type="checkbox"/> Is ONLY for psychotherapy notes. This authorization may not be used for any other type of protected information.		
<input type="checkbox"/> Is ONLY for substance use disorder counseling notes. This authorization may not be used for any other type of protected information.		
<input type="checkbox"/> Includes records of alcohol or drug use disorder. In our release, we will include this statement: <i>Federal regulation 42 CFR part 2 prohibits unauthorized use or disclosure of these records.</i>		
<input type="checkbox"/> Includes genetic information. This authorization for use or release of genetic information shall be invalid if used for any purpose other than the described purpose for which the disclosure is made.		
Specific and meaningful description of the protected health information that this authorization addresses What kind of information will be used? How much?		

Who is allowed to release the information?

Name or describe the people, or class of persons, or organizations who will be allowed to release the information. Include Louisiana Blue in your list.

Person or organization 1:	Name			
	Street			
	City	State	ZIP	
Person or organization 2:	Name			
	Street			
	City	State	ZIP	
Person or organization 3:	Name			
	Street			
	City	State	ZIP	

Who is allowed to receive and use the information?

Name or describe the people, or class of persons, or organizations who will be allowed to receive and use the information.

Person or organization 1:	Name			
	Street			
	City	State	ZIP	
Person or organization 2:	Name			
	Street			
	City	State	ZIP	
Person or organization 3:	Name			
	Street			
	City	State	ZIP	

Who is allowed to receive and use the information?

How long this authorization will last

This authorization will end:

On this date

Note: Authorizations for the release of genetic information will end on this date or 60 days from the authorization date, whichever is less. (LAC 37:XXIII. Chapter 45 (Regulation 63))

OR

When this happens

The event or condition listed must relate to the person or to the purpose of the authorized use or release. It may last no longer than reasonably necessary to serve the purpose.

You can end this authorization at any time

To revoke this authorization:

Write to us at:

Privacy Office
Louisiana Blue
P.O. Box 98029
Baton Rouge, Louisiana 70898-9029

Call the Privacy Office at (225) 298-1751 for records of alcohol or drug use disorder only.

Revoking this authorization will not affect any action we took before we received your notice.

Sign this form

After you sign the form, you may have a copy of it. If we have requested this form to be completed, we will provide a copy to you.

By signing below, you agree that you had full opportunity to read and think about the contents of this authorization.

You understand that you are confirming that you authorize the use or release of your protected health information, as described in this form.

You are:

The member

A representative. My relationship to the member:

Your Signature

X

Today's Date

Note to the department requesting or receiving this authorization: Documentation requirement. Include this authorization in your department files and keep an electronic or hard copy for 10 years after the last effective date.



Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiaries:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email MeaningfulAccessLanguageTranslation@lablue.com. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue or one of its subsidiaries failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. **If you are fully insured through Louisiana Blue or one of its subsidiaries, file a grievance in person or by mail, fax or email.**

Section 1557 Coordinator
In Person: 5525 Reitz Ave. Baton Rouge, LA 70809
Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012
Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)
Fax: (225) 298-7240
Email: Section1557Coordinator@lablue.com

2. **If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to www.lablue.com/checkmyplan.**

Whether you are fully insured or covered by a self-funded health plan, you can 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:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at www.lablue.com.

NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliares sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມພຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ມີການຫຼຸ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں۔ ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کمشنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)