

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				
record (except certain limite we have compiled in anticip proceeding, and certain other	et or obtain a copy of protected d information, such as copies of ation of, or for use in a civil, crier records).	of psycho minal, or	otherapy admini	y notes, information
I am requesting:	so, we will provide a curimary	01 1110 10	00140.	
	ords maintained in the designa	ted reco	rd set:	
From:Month				
To:Month	 Year			
	. 5 5			
The manner in which you pr	refer to access your records:			
☐ Paper copies mailed to:	Name of recipient			-
	Street address			-
	City, state, ZIP code			-

Version Date: 5.29.2024 ME-ANR-103Rev080624

☐ In person. I would like to Cross Complete of Michig	review the records in person at a location designated by Blue gan.
☐ Electronically. Please sel	ect the format to receive your copies:
☐ PDF	
Other (please specify):	
I would like my electro	nic copies delivered to:
An email address:Na	ame of recipient
Er	mail address of recipient
Please sign and date:	
Signature	Date
describes your relationship to	ease sign and write today's date below, then check the box that the member. If you are not the parent of a minor member, please hip to the member. An authorization form is required if you are tive.
Name of personal represen	tative:
Signature of personal repre	esentative 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, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters; and,
- 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; and,
 - 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, sex, age, or disability, you can file a grievance with:

- Blue Cross Complete of Michigan Attn: Civil Rights Coordinator P.O. Box 41789 North Charleston, SC 29423 1-800-228-8554 (TDD/TTY: 1-888-987-5832) grievance@mibluecrosscomplete.com
- If you need help filing a grievance,
 Blue Cross Complete of Michigan 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, 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**.

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you.
Call **1-800-228-8554**(TTY: **1-888-987-5832**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8554-858-228-1-200. (TTY: 1-888-987-5832).

Chinese Mandarin: 注意: 如果您说中文普通话/国语,我们可为您提供免费语言援助服务。请致电: 1-800-228-8554 (TTY: 1-888-987-5832)。

Chinese Cantonese: 注意:如果您使用粵語, 您可以免費獲得語言援助服務。請致電 1-800-228-8554 (TTY: 1-888-987-5832)。

Syriac:

رخة مَامَة حَلَيْكَ جَمْ مُعِيْعِيْهُ لَهُ مَامُةَ مَامُ مَامُونَ لِكُنَّهُ مُونِوْلُهُ مِنْ مَامُ مَامُ مَامُ خيديمبرة، مامُ خِلْ چيتكم 1-800-228-8554 خيديمبرة، مامُ خِلْ چيتكم 1-808-887-888-987

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-228-8554 (TTY: 1-888-987-5832).

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-228-8554 (TTY: 1-888-987-5832) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃথরচায় ভাষা সহায়তা পেতে পারেন। 1-800-228-8554 (TTY: 1-888-987-5832) নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項: 日本語を話される場合、 無料の通訳サービスをご利用いただけます。 1-800-228-8554 (TTY: 1-888-987-5832) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (**TTY: 1-888-987-5832**).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554** (TTY: **1-888-987-5832**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554 (TTY: 1-888-987-5832)**.