

# Cancel confidential communication



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

Use this form if you currently have confidential communication in place and no longer need it.

## A Please identify the MEMBER who has confidential communication

Member name \_\_\_\_\_ Date of birth \_\_\_\_\_

Member ID (number on ID card beginning with 1 to 3 letters) \_\_\_\_\_

## B Current address of SUBSCRIBER (Complete using the enrollment information we have on record).

Subscriber Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## C Address/telephone number CURRENTLY being used for confidential communication

Member Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

In care of: (optional) \_\_\_\_\_

Telephone number \_\_\_\_\_

## D Signature (Sign and date the appropriate line)

I no longer need Blue Cross Blue Shield of Michigan/Blue Care Network (BCBSM/BCN) to communicate with me about my protected health information by an alternate method, such as a different address or telephone number that I may have provided. I understand that this does not affect actions taken before BCBSM/BCN received this signed document.

I also understand that when confidential communication is canceled, BCBSM/BCN will:

- Mail communications containing my protected health information to the address of the subscriber (the person whose name appears on my ID card)
- Rely on telephone information in my membership records when contacting me by telephone
- Restore access to my account on bcbsm.com

**Note: Complete form by signing in EITHER Section 1 or Section 2 on the following page.**

*Cancel confidential communication, continued*

**1 If you are the MEMBER requesting confidential communication**

**SIGN HERE**

Date \_\_\_\_\_

**2 If you are the member's PERSONAL REPRESENTATIVE**

Please provide your name, sign and date. Check the box that best describes your relationship to the member. If it is not already on file, **attach proof of your relationship to the member**. Parents do not need to attach proof.

Representative's full name \_\_\_\_\_

**SIGN HERE**

Date \_\_\_\_\_

- Parent of minor (younger than 18) child
- Legal guardian: *Attach guardianship documentation (must have a court's stamp and signature).*
- Power of attorney: *Attach power of attorney (must include authorization of the release of healthcare information).*
- Executor: *Attach letter of appointment of executorship (must have a court's stamp and signature).*
- Patient Advocate: *Attach Designation of Patient Advocate form, signed by member.*

Please mail completed form (and documentation if needed) to:

**Customer Individual Rights Unit**

**BCBSM**

**600 East Lafayette, MC 1620**

**Detroit, MI 48226-2998**

or fax to 1-877-522-4767.

## We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta.

إذا كنت أنت أو شخص آخر تساعدك بحاجة لمساعدة، فيليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون آية تكفة. للتحليل مترجم برقم خدمة العملاء الموجود على ظهر بطاقة.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話。

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ، فَيَا أَيُّهُ الْكٰفِرُوْنَ، إِذَا سَأَلْتُمُ الْمُؤْمِنَاتِ مَا يَعْلَمُنَّ فَلَا يَجِدْنَكُمْ بِمَا حَسِّنْتُمْ وَلَا يَجِدْنَكُمْ بِمَا تَكْفِرُوْنَ وَلَا يَجِدْنَكُمْ بِمَا لَمْ تَعْمَلُوْنَ وَلَا يَجِدْنَكُمْ بِمَا حَسِّنْتُمْ بَعْدَ حُسْنٍ حَتَّىٰ يَأْتِيَنَّكُمْ بِمَا كُنْتُمْ تَعْمَلُوْنَ وَلَا يَجِدْنَكُمْ بِمَا حَسِّنْتُمْ بَعْدَ حُسْنٍ حَتَّىٰ يَأْتِيَنَّكُمْ بِمَا كُنْتُمْ تَعْمَلُوْنَ.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূলে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাস্তির সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話しされる場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону отдела обслуживания клиентов, указанному на обратной стороне вашей карты.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoći, imate pravo da besplatno dobijete pomoći i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta.

## Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: [CivilRights@bcbsm.com](mailto:CivilRights@bcbsm.com). If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & 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, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.