



**BlueCross BlueShield
of New Mexico**

Accounting of Disclosures Request

Use this form to get a record of any protected health information (PHI) that Blue Cross Community CentennialSM disclosed about you or your minor child.

Part A:

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

Member Name _____

Address

City _____ State _____ ZIP _____

Phone Number _____

Date of Birth _____

Gender _____

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 were made before April 14, 2003. 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 stand for 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

Blue Cross Community CentennialSM • P.O. Box 27838 • Albuquerque, NM 87125-7838 • 1-866-689-1523 • bcbsnm.com

Such services are funded in part with the State of New Mexico

Blue Cross and Blue Shield of New Mexico is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Part C:

Signature: the document must be signed by the member, the parent of the minor child, or an authorized Representative.

Signature **Date**

Part D:

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: _____

Please return this filled out form along with any other documents in the envelope that came with this letter. If you have any questions, please call the Customer Care Center at 866-689-1523. If you have hearing or speech loss, call the text telephone (TTY) line at 800-874-9426.

Sincerely,

Blue Cross and Blue Shield of New Mexico

**To ask for auxiliary aids and services or materials in other
formats and languages at no cost,
please call 1-866-689-1523 (TTY/TDD: 711).**

Blue Cross and Blue Shield of New Mexico 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 New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- 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 New Mexico 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/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hsc.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 (TDD)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódííłnih 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

注意：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 1-855-710-6984 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوت: رگا هب نابز يسراف وگتفگ يم دينک، تلايهست ينابز هب تروص ناگیار يارب امش مهارف يم دشاب. اب 1-855-710-6984 (TTY: 711) سامت ديریگب.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711).