BlueCross BlueShield of New Mexico

Blue Cross and Blue Shield of New Mexico (BCBSNM)
Member's Request for Records

Please fill out this form if you want to look at or get copies of your records from BCBSNM relating to your Blue Cross and BlueShield of New Mexico health plan. When you are done, please mail this form back to:

Blue Cross and Blue Shield of New Mexico
P.O. Box 660044
Dallas, TX 75266-0044

Or email to:
OCA_SSD@bcbstx.com

Part A: Please tell us about the person whose records you are asking for.

Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Date of Birth: _____

Member ID Number: _____

You have the right to look at and get a copy of your records from BCBSNM relating to your Blue Cross and Blue Shield of New Mexico health plan. You may not be able to get a copy of any of these:

- *Psychotherapy notes that we may have on file,*
- *Any information we have put together for use in a court of law,*
- *Any information that we do not have to give you based on what the law says, or*
- *Certain other records.*

Date(s):_____to _____

Part B: Please check the box below to tell us which records you want to look at or get copies of:

☐ **Enrollment/disenrollment/billing** – Used to sign up for or leave a health plan or apply premiums

☐ **Medical management/provider appeals** – Used to approve services ahead of time

☐ **Claims** – Records we have for claims that were paid or denied

☐ **All member appeal files** – Used in the appeal process

☐ **Other** – Please list the records you want copies of and the time period the information covers.

_____

_____

_____

Part C: Please tell us how you would like to get or look at the records you requested (check the box below that applies).

Send my Protected Health Information (PHI) to: (select only one)

☐ Me

☐ Designated Person or Entity

I request that BCBSNM send my PHI as specified in Section B above directly to the designated person or entity listed below.

Name **Address** **City** **State** **ZIP**

Email Address **Phone Number**

Format/Manner (select only one):

☐ Send electronic copy.
Note: Information will be sent to the email address provided above via secured (encrypted) email unless otherwise specified.

☐ Send paper copy of information via US Mail.

☐ View in person. I understand that I or my designee will be contacted to arrange for this.

We will make copies for everyone on your list.

- You must give us a signed authorization (approval) form if you want us to let someone other than the person you have named as your chosen legal representative to look at or get copies of your records.
- We can give you the right form to do this. Call Member Services at 1-866-689-1523 (TTY: 711) to request the form.

Part D: Member's Signature

_____ _____

Member's Signature **Date**

Chosen Legal Representative or Guardian

If the member chose someone to sign this form for him or her, that person needs to fill out the lines below. And please attach a copy of a Health Care Power of Attorney, a court order, or other papers that show that this person may act for the Member.

Legal Representative or Guardian (print full name): _____

Legal Relationship to the Member: _____

Signature: _____ Date: _____

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 health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity.

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 and more)
- 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 the 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 health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity, 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** or Fax: **1-855-661-6960** You can file a grievance in person, by mail or fax. If you need help filing a grievance, a 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, 1-800-537-7697 (TDD)

Complaint forms are available at **https://www.hhs.gov/ocr/complaints/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'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 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 یسراف وگنفگ یم دینک، تلایهست ینابز هب تروص ناگیار یارب امش مهارف یم دشاب. اب 1-855-710-6984 (TTY: 711) سامت دیریگب.

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