

CONFIDENTIAL INFORMATION RELEASE FORM — HIV



An Independent Licensee of the Blue Cross Blue Shield Association

Use this form to let a person get your HIV-related information. Even if you don't sign it, Blue Cross® Blue Shield® of Arizona (BCBSAZ) will still pay your claims, sign you up for our plan, and let you be eligible for benefits. This form is not required.

I authorize BCBSAZ to give my HIV-related information (tests for HIV, AIDS, or related illnesses) to:

Name:			
Street Address:	City:	State:	ZIP Code:
Reason for giving out the information:			

This permission starts the day you sign this form. It will be good for 180 days. Understand that the person who gets your records is not under any obligation to keep them private. If your records are made public at that time, they may not be protected by federal privacy laws.

You may tell us to stop sharing your records at any time. **If you want us to stop sharing, write to us at: BCBSAZ Privacy Office, Mail Stop C300, P.O. Box 13466, Phoenix, AZ 85002-3466. If you tell us to stop sharing, it will not change what BCBSAZ shared before you told us to stop.**

Member Name	BCBSAZ Member's Identification Number
Member Signature	Date Signed (MM/DD/YYYY)
Group Name (if this applies)	Group Number (if this applies)
Representative's Name*	Relationship to BCBSAZ Member

*Attach a copy of the legal paper(s) that apply.

Please have a Notary Public sign the form

State of	County of
This form was signed before me on	
Notary Public	My commission expires

Please send us your filled-out, signed, and notarized form by either mail, fax, or email.

Mail: BCBSAZ
Attention: Enrollment
P.O. Box 13466 | Phoenix, AZ 85002-3466

Fax: 602-544-5661

Email: privacy@azblue.com

If you'd like a copy of your signed form, call the Privacy Office at **602-864-2255** or **1-800-232-2345, ext. 2255 (TTY: 711)**.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free 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, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's 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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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