

Designation of Personal Representative

You may designate a personal representative who will act on your behalf in making decisions related to health care, which includes treatment and payment issues. This individual can be a family member, friend, lawyer, or unrelated party.

Please type or print neatly. We will not process incomplete or illegible forms.

Please mail or fax this authorization to: CareFirst BlueCross BlueShield, Privacy Office, PO Box 14858, Lexington, KY 40512
 Email: privacy.office@carefirst.com Fax: 410-505-6692

Please keep a copy of this document for your records.

| | |
|---|--|
| DESIGNATION OF PERSONAL REPRESENTATIVE IS GIVEN TO | |
| Name of Health Insurance Plan CareFirst, Inc. | |

| | | |
|------------------------------|----------------|----------------------------|
| TO RELEASE RECORDS OF | | |
| Last Name, First Name, MI | | Member ID |
| Street Address | | |
| City | State | ZIP |
| Home Telephone | Work Telephone | Date of Birth (mm/dd/yyyy) |

| | | |
|---|-------|-----------|
| I HEREBY DESIGNATE THE FOLLOWING INDIVIDUAL(S) AS MY PERSONAL REPRESENTATIVE | | |
| Name of Individual | | Telephone |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |
| Name of Individual | | Telephone |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |
| Name of Individual | | Telephone |
| Street Address | | |
| City | State | ZIP |
| Email Address of Individual Designated Representative | | |

PLEASE READ EACH OF THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS DOCUMENT

1. I understand that this designation will not expire unless I indicate an expiration date, or I revoke it.
Date to expire: _____
2. I understand that this designation is voluntary and being made at my request.
3. I understand that the released information may no longer be protected by federal privacy laws and may be redisclosed by the individual or organization that receives the information.
4. I understand that I may refuse to sign this designation form. My health care provider will not condition treatment and my health plan will not condition payment, enrollment, or eligibility on my signing this designation.
5. I understand that I may revoke this designation of personal representative at any time by sending a written notification to the Privacy Office at the address listed on page 1, and this revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective for information that my health plan has already used or disclosed, relying on this designation.

Signature

Date

Must be the original signature of any person 18 years of age or older whose records have been requested. If this request is made by a personal representative on behalf of the individual, please attach a complete copy of the personal representative form or legal document indicating your legal authority to sign this form.

Any mental health or substance use disorder information, which has been disclosed from medical or other health care records, may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) and/or Washington, D.C. and Maryland mental health laws prohibit the recipient of the information from making any further disclosure of this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2 and/or Washington, D.C. and Maryland mental health laws. 42 CFR Part 2 prohibits unauthorized disclosure of these records.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid 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, please call 855-258-6518.

If you believe CareFirst 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 our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

| | |
|------------------|--|
| Mailing Address | P.O. Box 8894 Baltimore, Maryland 21224 |
| Email Address | civilrightscordinator@carefirst.com |
| Telephone Number | 410-528-7820 |
| Fax Number | 410-505-2011 |

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
800-368-1019, 800-537-7697 (TDD)

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

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsì yìí ní iwífún nípa ìṣẹ̀ adójútòfò rẹ̀. Ó le ní àwọn deèti pàtó o sì le ní láti gbé ìgbèsè ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèḗ. Àwọn oṃo-egbé gbòdò pe nòmbà fòònú tò wà lẹ̀yìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò tí tí a ó fì sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣójú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ̀ pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सचना में आपकी बीमा कवरजे के बारे में जानकारी दी गई है। आपको इसमें मुख्य तथियों का उल्लेख और आपके ललए ककसी तनयत समय-सीमा के भीतर काम करना जरूरी है। आपको यि जानकारी और सबंधित सियायता अपनी भाषा में क पाने का अधिकार है। सदस्यों को अपने पंचान पत्र के पीछे हदए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के ललए न कलिया जाए, तब तक सवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर हदया जाएगा।

तनःशल

Bàsɔ̀-wùdù (Bassa) Tò Ìùù Cáo! Bǎ̀ nǎ̀ kɛ́ bá nyo bǎ́ kɛ́ m̀ gbo kpá b́ó nì fù à-fúá-tiín nyɛɛ jè dyí. Bǎ̀ nǎ̀ kɛ́ bédé wé jéé bǎ́ bǎ́ m̀ kɛ́ dɛ́ wa m̀ m̀ kɛ́ nyuɛɛ nyu hwè b́é wé bǎ́ kɛ́ zi. ɔ̀ m̀ nì kpé b́é m̀ kɛ́ bǎ́ nǎ̀ kɛ́ kè gbo-kpá-kpá m̀ ḿɛɛ dyé d́é nì bídí-wùdù mú b́é m̀ kɛ́ se wídí d̀ò péè. Kpooò nyo bǎ́ mɛ́ d́á fúùn-nòbà nǎ̀ d́é waà I.D. káàè d́éin nyɛ. Nyo t̀òò séin mɛ́ d́á nòbà nǎ̀ kɛ́: 855-258-6518, kɛ́ m̀ mɛ́ fò tee b́é wa ḱéɛ m̀ gbo ce b́é m̀ kɛ́ nòbà m̀òò 0 kɛ́ dyi pàd̀àn hwè. ɔ̀ jù kɛ́ nyo d̀ò dyi m̀ gǎ́ jǎ́n, po wudu m̀ m̀ó pɔɛ dyiɛ, kɛ́ nyo d̀ò mu b́ó niin b́é ɔ̀ kɛ́ nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই ননটিশে আপনার ববমা কভারজ সম্পর্কে তথ্য রশেশে। এর মশযয গুরুত্বপূর্ে তাবরথ থাকশত পাশর এবাং বনবদেষ্টে তাবরশখর মশযয আপনাশক পদশক্ষপ বনশত হশত পাশর। ববনা খরশে বনশজর ভাষাে এই তথ্য পাগোর এবাং সহােতা পাগোর অবযকার আপনার আশে। সদসযশদরশক তাশদর পবরেপেশের বপেশন থাকা নম্বশর কল করশত হব। অশনযরা 855-258-6518 নম্বশর কল কশর 0 টিপশত না বলা পরেষ্টে অশপক্ষা করশত পাশরন। র্নন নকাশনা এশজল্ট উত্তর নদশবন তখন আপনার বনশজর ভাষার নাম বল নু এবাং আপনাশক নদাভাষীর সশে সাংরুক্ত করা হশব।

Urdu (اردو) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

Farsi (فارسی) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و الزم است تا تاریخ شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شما تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن لأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0 عند إجابة أحد الوكلاء، انكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwenti di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어 (Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee í hane'ígíí bii' dahóló bee éédahózin béeso ách'áah naanil ní'íst'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíllígíí da yókeedgo t'áa doo bee e'e'ahí ájiil'íh. Bee ná ahóót'í' díí bee í hane' dóo níká'ádoowot t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáta' éi kojí' dahóoolnih 855-258-6518 dóo yii dii'łts'íłł yałtí'ígíí t'áa níléjį áádóo éi bikéé'dóo naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowot.