



**BlueCross BlueShield  
of Texas**

## **Blue Cross and Blue Shield of Texas Member's Request for Records**

**Please fill out this form if you want to look at or get copies of your records from Blue Cross and Blue Shield of Texas (BCBSTX) relating to your plan. When you are done, please mail this form back to :**

**Blue Cross and Blue Shield of Texas  
P.O. Box 805106  
Chicago, IL 60680-4112**

### **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: \_\_\_\_\_

Male or Female: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

You have the right to look at and get a copy of your records from BCBSTX relating to your 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.

### **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

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

- ☐ By mail
- ☐ In person
- ☐ Look at the records at our company

Please list the name and address of each person who will get your information. Make sure that you list yourself or some other person you have chosen.

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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 the Member service phone number on your plan ID card.

**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: \_\_\_\_\_

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

Blue Cross and Blue Shield of Texas:

- 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 Texas 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., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.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).

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).

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)。

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

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

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں  
1-855-710-6984 (TTY: 711).

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).

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

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بہ صورت رایگان برای شما فراهم می باشد. با  
1-855-710-6984 (TTY: 711) تماس بگیرید.

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

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો.  
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).

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。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-710-6984 (TTY: 711).