

## Request for Personal Representative

**A personal representative is someone who is authorized under law to make decisions on your behalf.**

### Instructions:

To ask for a personal representative, please fill out the information below, sign and return by mail or fax to:

BlueCare Plus Tennessee | 1 Cameron Hill Circle, Suite 0039 | Chattanooga, TN 37402 | Fax: **1-888-725-6849**

**Please print clearly.**

New request       Change request

### Member Information:

Subscriber Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Section 1

**\*DO NOT COMPLETE IF YOU DO NOT WANT TO ASSIGN A PERSONAL REPRESENTATIVE.**

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_

(NAME) (PERSONAL REPRESENTATIVE)

to be designated as my personal representative. I understand this request applies to communications from BlueCare Plus Tennessee and its business associates about my private information. I also understand that mental health and/or substance abuse private information may be disclosed if I have utilized such services.

**NOTE:** This request will stay in effect until the member or his/her legal representative notifies BlueCare Plus Tennessee in writing asking for a change.

## Representative Information: (required for privacy verification purposes)

Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship to the Member: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** If the representative is court ordered or has another legal designation (examples: power of attorney, living will, executor or administrator of probate estate), you must attach/include a copy of the official document(s) if not already supplied. If you are a documented legal representative, you may make this request and sign this form below for the member.

### Section 2

We also may need to share your PHI with members of your Interdisciplinary Care Team (ICT). By checking this box, you are giving your permission for BlueCare Plus Tennessee to share your PHI with members of your ICT.

Signature of Member/Requestor: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR



1 Cameron Hill Circle | Chattanooga, TN 37402 | [bluecareplus.bcbst.com](http://bluecareplus.bcbst.com)

NOTE: Email communications are not secure. By providing your email address, you understand that others may intercept information included in emails. BlueCare Plus Tennessee is an HMO D-SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCare Plus Tennessee depends on contract renewal.

BlueCare Plus Tennessee, an Independent Licensee of the Blue Cross Blue Shield Association