

Member's Designation of a Personal Representative

Please note: The member named below must sign this designation and consent to the use and disclosure of their information by the Personal Representative for healthcare operations issues.

Member's Name: DOB: Member's ID#:

Address: Phone Number:

I designate the following individual to act as my Personal Representative:

Name: Relationship:

Address: Daytime Phone Number:

Scope of Designation: The individual named as my Personal Representative may act on my behalf in regard to the healthcare operations conducted by Blue Cross & Blue Shield of Rhode Island and its subcontractors (BCBSRI) and may perform the activities selected below. This applies to any and all claims, medical records, and information relating to me (including, but not limited to, records related to alcoholism, substance abuse, mental health, prescriptions, and HIV status or test results).

This designation will not be effective unless one or more of the boxes below are checked.

- ☐ BCBSRI may respond to questions from my Personal Representative about me to the same extent that BCBSRI would disclose this information to me.
- ☐ BCBSRI may make changes as requested by my Personal Representative. These include, but are not limited to, address changes, electing my primary care provider (PCP), or requesting an identification card.
- ☐ BCBSRI may accept a grievance or appeal from my Personal Representative on my behalf involving any and all claims (does not apply to appeals for BlueCHiP for Medicare members).

This Designation shall remain valid for the length of time checked below:

- ☐ Remains in effect until I revoke it.
- ☐ Remains in effect for a specific time period, from: to:

I understand that I may revoke this designation at any time by notifying the BCBSRI Customer Service Department, in writing, at 500 Exchange Street, Providence, RI 02903-2699. I understand that a revocation will not apply to information that was already released while this designation was in effect. Once information has been released according to these instructions, BCBSRI will not be able to limit the recipient's use or disclosure of the information, and privacy laws may no longer protect the information. I agree that a photocopy of this designation is as valid as the original.

Member's Signature: Member's Name: Date: