



Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

# Personal Representative Request Form

Please print clearly in blue or black ink.

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for a Blue Cross Complete of Michigan member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at **1-800-228-8554 (TTY 1-888-987-5832)**.

Member information		
First name:	Middle initial:	Last name:
Member ID number:	Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		

Personal representative information		
First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		
Relationship to member:	Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	

## Personal Representative Request Form

**A copy of legal documentation must be attached to this form.  
If you do not attach legal documentation, this form cannot be processed.**

Type of documentation you are attaching:

- Power of attorney for health care decisions
- Legal guardianship
- Custodial order
- Executor of estate

Other (please specify):

### Signature and date of member's legal personal representative

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY):  /  /

Please keep a copy of this form for your records.

## Personal Representative Request Form

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### Important information about personal representatives

The federal Privacy Rule requires Blue Cross Complete of Michigan to follow certain procedures before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. Blue Cross Complete of Michigan will release PHI to your personal representative upon receipt of documentation supporting their legal authority to make health-related decisions on your behalf (for example, a valid power of attorney, guardianship or other legal document). Blue Cross Complete of Michigan will also recognize as a personal representative an executor, an administrator or a person recognized by law as having authority to act on behalf of a deceased member or the member's estate.

#### **This is what you need to know:**

Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be completely filled out for it to be processed. This includes attaching legal documentation.

Blue Cross Complete of Michigan will not, however, treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse or neglect by the personal representative; (2) treating the person as your personal representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), Blue Cross Complete of Michigan decides that it is not in your best interest to treat the person as your personal representative.

#### **This is what you need to know:**

We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order or an applicable law revokes it.

#### **This is what you need to know:**

If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist Blue Cross Complete of Michigan in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative's legal authority to act on your behalf.

#### **This is what you need to know:**

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

#### **Blue Cross Complete of Michigan**

Attn: Compliance  
4000 Town Center  
Suite 1300  
Southfield, MI 48075

Questions? Call Member Services at:  
**1-800-228-8554 (TTY 1-888-987-5832)**



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## Nondiscrimination Notice and Language Services

### Discrimination is against the law

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

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) 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 Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: **1-888-987-5832**).

If you believe that Blue Cross Complete of Michigan 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:

- **Blue Cross Complete of Michigan Member Grievances**

P.O. Box 41789

North Charleston, SC 29423

**1-800-228-8554**

**(TDD/TTY: 1-888-987-5832)**

- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service 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, through the Office for Civil Rights Complaint Portal available at

**[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)**,  
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**

**(TDD/TTY: 1-800-537-7697)**

Complaint forms are available at:

**[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)**.

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**[mibluecrosscomplete.com](https://mibluecrosscomplete.com)**

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