

CONSENT FORM

Purpose: This form is used to obtain an Individual's Consent to BCBSWY's Use and Disclosure of the Individual's Protected Health Information to carry out BCBSWY's Payment activities and Healthcare Operations.

SECTION A: Individual giving Consent

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Subscriber Number: _____ Social Security Number: _____

SECTION B: To the Individual - Please read the following statements carefully.

Purpose of Consent: By signing this form, you will Consent to Blue Cross Blue Shield of Wyoming's (BCBSWY) Use and Disclosure of your Protected Health Information to carry out its Payment activities and Healthcare Operations.

Effect of Declining Consent: This Consent is a condition of your enrollment in BCBSWY's Health Plan. If you decide not to sign this Consent, BCBSWY may decline to enroll you in its Health Plan.

Notice of Privacy Practices: You have the right to read BCBSWY's *Notice of Privacy Practices* before you decide whether to sign this Consent. BCBSWY's Notice provides a more complete description of BCBSWY's Payment activities and Healthcare Operations, of the Uses and Disclosures BCBSWY may make of your Protected Health Information, and of other important matters about your Protected Health Information. A copy of BCBSWY's Notice accompanies this Consent. BCBSWY encourages you to read it carefully and completely before signing this Consent.

BCBSWY reserves the right to change its privacy practices as described in BCBSWY's *Notice of Privacy Practices*. If BCBSWY changes its privacy practices, it will issue a revised *Notice of Privacy Practices*, which will contain the changes. Those changes may apply to any of your Protected Health Information that BCBSWY maintains.

You may obtain a copy of BCBSWY's *Notice of Privacy Practices*, including any revisions of the Notice, at any time by contacting:

Blue Cross Blue Shield of Wyoming/Compliance Officer
4000 House Avenue
Cheyenne, WY 82001
(307) 432-2816/ (307) 632-1654 (fax)

Restriction Requests: You have the right to request that BCBSWY restrict how it may Use or Disclose your Protected Health Information to carry out its Payment activities and Healthcare Operations. BCBSWY is *not* obligated to agree to these restrictions. However, if BCBSWY elects to agree, it will be bound only by the restrictions to which it agreed.

Please tell BCBSWY if you want to request restrictions. BCBSWY will provide you with a Restriction Request Form for you to describe the restrictions you want, and for BCBSWY to consider and decide if it will agree to them. BCBSWY will indicate whether it will accept or decline your restrictions on the Restriction Request Form and notify you of its decision in due course.

You may withhold signing this Consent until you have BCBSWY’s decision on your request for restrictions, or you may revoke this Consent if BCBSWY declines to agree with your request for restrictions. Please understand that BCBSWY may decline to enroll you in its Health Plan until it has this Consent, and BCBSWY may disenroll you from its Health Plan if you revoke this Consent.

Right to Revoke: You will have the right to revoke this Consent at any time by giving BCBSWY written notice of your revocation submitted to the Contact Office listed above. BCBSWY may ask you to complete a Consent Revocation Form to ensure that BCBSWY has accurate information regarding your decision to revoke this Consent.

Please understand that revocation of this Consent will *not* affect any action BCBSWY took in reliance on this Consent before BCBSWY received your written notice of revocation, and that BCBSWY may disenroll you from its Health Plan if you revoke this Consent.

SECTION C: Notice of Joint Consent (ignore if this section is not applicable)

BCBSWY is part of an Organized Healthcare arrangement with the following Healthcare organizations which use a joint *Notice of Privacy Practices*.

_____	_____
_____	_____
_____	_____

I understand that my Consent to BCBSWY’s Use and Disclosure of my Protected Health Information to carry out its Payment activities and Healthcare Operations will also be Consent to each of these above-listed Healthcare organizations to Use and Disclose my Protected Health Information to carry out Treatment, Payment and Healthcare Operations, and will permit BCBSWY and these Healthcare organizations to share my Protected Health Information for their Treatment, Payment and Healthcare Operations in connection with the Organized Healthcare Arrangement. Initials: _____

SECTION D: Signature

I, _____, have had full opportunity to read and consider the contents of this form and of BCBSWY’s *Notice of Privacy Practices*. I understand that, by signing this form, I am giving my Consent to BCBSWY’s Use and Disclosure of my Protected Health Information to carry out its Payment activities and Healthcare Operations.

_____	_____
Signature	Date

SECTION E: Personal Representative

If this Consent is signed by a Personal Representative on behalf of the Individual, complete the following:

Personal Representative’s Name

Relationship to Individual

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT

Form Submission Instructions

Steps for returning a completed form may depend on whether you obtained the form online, received it by email or through another means. Please read the instructions below to decide which submission method suits you best. If the form specifies a preferred method, please follow those directions instead.

Online: Download the form and fill it out in the free Adobe Reader (get.adobe.com/reader) or fill out the form online if that option exists and then download it to your device. Save the completed form to your computer or device.

Submission:

BY MAIL — Print and mail the completed form to:

Blue Cross Blue Shield of Wyoming, PO Box 2266, Cheyenne, WY 82003.

BY EMAIL — Send the form and any required documentation as attachments to a BCBSWY email address, if one is provided.

BY SECURE UPLOAD — Follow the directions below to securely upload your form at Member.YourWyoBlue.com (member.yourwyoblue.com). Click the link or scan the QR code.

After logging in to your Member.YourWyoBlue.com account:

STEP 1

Click on the **Support** button on the menu bar. Scroll down and select **Send a Message**.

STEP 2

Select the plan the form applies to from the list in the panel. Click **Continue**.

STEP 3

Select General—Other as the **Topic**.

STEP 4

Fill in **Callback Preferences** (*Phone number, *Best time to call, and *May we leave a message...?).

STEP 5

Type any message in the **Message** box.

STEP 6

Click on the paperclip icon next to message box to attach a completed form from its location on your device.

STEP 7

Click on the **Send** button to send your message and upload your saved form securely.

