



Federal Employee Program.

# CONSENT FOR CASE MANAGEMENT

## CASE MANAGEMENT AGREEMENT FORM & RELEASE OF MEDICAL INFORMATION

### PLEASE SIGN AND RETURN THIS AGREEMENT TO YOUR CASE MANAGER

I, \_\_\_\_\_, as a member or authorized representative of the member, agree to participate in the Federal Employee Program, Case Management Program of Blue Cross Blue Shield MN.

I understand this means:

1. My case manager may contact me and/or my care team to discuss my healthcare needs. My care team includes my authorized representative and healthcare providers (hospital staff, doctors, therapist, etc.).
2. By my signature below, I authorize the release of medical information by my case manager. The information will be used to create, update and review my care plan.
3. My health plan offers case management at no additional cost to me. It's my choice to participate.
4. If I want to leave the program at any time, I can contact my case manager. I will still receive my benefits outlined in the Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005) after my case management services end.
5. Some benefits require I participate in case management. I understand that leaving the case management program means services requiring case management participation will no longer be covered.
6. I must follow the program requirements outlined in section 5(h) of the Service Benefit Plan brochure.

Please keep a copy of this document for your records. A copy of this form is as valid as the original.

This agreement is active for one year from the date signed, or when I am no longer a member of the Blue Cross and Blue Shield Service Benefit Plan.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
If not member, Relationship to Member

\_\_\_\_\_  
Date

I agree you may contact me at this number \_\_\_\_\_

**Case Manager Name**

**Phone number**

# NONDISCRIMINATION NOTICE

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## The Blue Cross and Blue Shield Service Benefit Plan:

### 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 the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

If you believe that this Plan 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 the Civil Rights Coordinator of your local BCBS company. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your local BCBS company's 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>.

## Language assistance

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

اتصل برقم خدمة العملاء الموجود على بطاقة هويتك للحصول على المساعدة باللغة العربية.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikacyjnej karcie.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید.