



REQUEST TO TRANSFER MEDICAL RECORDS

Please complete this form and present to a physician, medical practice, or institution to initiate a release or transfer of medical record information to another physician, medical practice, or institution.

Name of doctor, medical practice or institution

Address:

I hereby authorize the above-listed doctor, medical practice or institution to release medical record information, including diagnosis, treatment and/or examinations rendered by your office/institution for:

- Complete Medical Records for any and all conditions
Other (please specify)

To: Name of doctor, medical practice, or institution

Address:

For: Patient Name:

Date of Birth: MM DD YYYY

Social Security Number: - -

Authorization Date: MM DD YYYY

Signature of Patient or Legal Representative

Relationship of Legal Representative to Patient

In agreeing to a release of medical record information, I am aware that anything pertaining to Psychiatric Disorders, AIDS/HIV, Drug and/or Alcohol abuse and the treatment of any of these disorders, if included in these medical records, will also be released.

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCCSNJ in its capacity as administrator of programs and provider relations for all its companies. Both are independent of the Blue Cross and Blue Shield Association.

Braven Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Braven Health provides free aids and services to people with disabilities (e.g. qualified language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Call Member Services at **1-833-272-8360 (TTY 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

If you believe that Braven Health has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. Braven Health's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to:

Braven Health
Civil Rights Coordinator
PO Box 820
Newark, NJ 07101

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-272-8360 (TTY 711)**.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-272-8360 (TTY 711)**。
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-833-272-8360 (TTY 711) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-833-272-8360 (TTY 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન

કરો **1-833-272-8360 (TTY 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-272-8360 (TTY 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-833-272-8360 (TTY 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-272-8360** (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-272-8360 (TTY 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-272-8360 (телетайп 711)**.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-272-8360 (TTY 711)**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-833-272-8360 (TTY 711)** पर कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-272-8360 (TTY 711)**.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-272-8360 (ATS 711)**.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-833-272-8360 (TTY 711)**.