



Participant Name	Employer Name	Employee Name

**Background Check Consent Form**

The TennCare CHOICES United Healthcare program, through Public Partnerships LLC, is required to conduct or obtain background checks to determine if you are eligible to provide services for payment as an employee of the program participant or their representative. These background checks are known as “consumer reports”. In some cases, Public Partnerships obtains background checks from a Consumer Reporting Agency (CRA).

By signing below, you are giving the TennCare CHOICES United Healthcare program, through Public Partnerships LLC, and/or the CRA your consent to conduct, obtain, and share the results of the following consumer reports or the reports themselves on an ongoing basis as a condition of providing services to the program participant and receiving payment with public funds as an employee of the participant or their representative:

- 1. HireRight, LLC
- 2. Office of Inspector General (OIG)
- 3. National Sex Offender Registry
- 4. Tennessee Health Abuse Registry
- 5. Tennessee Sex Offender Registry

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 Provider Name    Provider Signature    Date

**Send completed and signed form to TennCare CHOICES United Healthcare program, through PPL via fax, email, or mail**

<b>Fax*</b> 1-877-432-4103  <b>*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS</b>	<b>Email*</b> choices.achoice@pcgus.com	<b>Mail</b> TennCare CHOICES – UHC Public Partnerships LLC One Cabot Road, Ste. 102 Medford, MA 02155
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