AmeriHealth Caritas™ Ohio

Authorization for Sharing Health Information

Please print clearly in blue or black ink.

This form is used to share your protected health information ("PHI") where your authorization is required by federal and state privacy laws. Your authorization allows AmeriHealth Caritas Ohio to share your PHI with the person(s) or organization(s) that you choose. You can also choose to allow the person(s) or organization(s) to share your PHI with AmeriHealth Caritas Ohio. You can cancel this authorization at any time by contacting AmeriHealth Caritas Ohio. Call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** for more information.

Part A. Member information (person whose PHI will be shared)

Member first name:			Middle initial:
Last name:	Member ID (see ID card):		
Member street address:			
City:		State:	ZIP code:
Member date of birth:	Daytime phone number (with area code):		
Member email address :			

Part B. Recipient (person or organization that will receive your PHI)

The following person or organization has the right to receive my PHI:			
Do you want the following person or organization to also share your PHI with us? ☐ Yes ☐ No			
First name:	Last name:		
Organization name (if applicable):			
Address:			
City:		State:	ZIP code:
Phone number (with area code):			
Relationship to member in Part A:			
Recipient email address:			

Part C. Description of the PHI to be shared

Tell us what types of PHI can be shared. You can check as many boxes as you want. At least one box must be checked. Note: Some sharing of PHI without your authorization is permitted by state and federal law.

☐ **Non-sensitive condition records.** All PHI related to my health and the provision of and payment for my health care benefits and services, **except for sensitive conditions as set forth below**.
Note: Federal law requires a separate authorization to share psychotherapy notes.

☐ **Sensitive condition records.** Some laws allow you to give specific permission to share sensitive PHI. Please check the boxes below for sensitive PHI that is OK to share. By checking these boxes, you give permission for all your records containing that type of PHI to be shared. If you only want to authorize sharing of a subset of records, such as records about only one diagnosis, fill out the "Only limited information" section on Page 2.

- ☐ Genetic information
- ☐ HIV/AIDS
- ☐ Substance or alcohol use
- ☐ Mental/behavioral health (including inpatient treatment)
- ☐ Sexually transmitted disease
- ☐ Abortion and family planning
- ☐ Communicable diseases

Part C. Description of the PHI to be shared (continued)

☐ **Only limited information.** In the box below, describe the PHI you want shared. Examples:

- The claim related to my service on [date]
- Appeal information related to my claim on [date]

Please describe the information you want shared:

Part D. Purpose of this authorization

This authorization is valid for sharing of PHI for the following purposes. (Please check one or both boxes.)

☐ To help diagnose, treat, manage, and/or pay for my health needs

OR

☐ For the following reason:

This authorization shall be invalid if used for any purpose other than the purpose(s) stated above.

Part E. Expiration date of this authorization

This authorization will expire: Please check only one box.

☐ I want the authorization to expire one (1) year after my coverage with AmeriHealth Caritas Ohio ends. (See information below.)*

OR

☐ Upon the following date, event, or condition:*

* AmeriHealth Caritas Ohio must be notified of the event/condition to cancel this authorization. In North Carolina and New Jersey, this authorization automatically expires one year after the date it was signed, unless you choose an earlier date. In New Hampshire, the authorization automatically expires two years after the date it was signed, unless you choose an earlier date. In Louisiana, if you are requesting the sharing of genetic information, the authorization expires 60 days after the date it was signed, unless you choose an earlier date. In the District of Columbia, if you are requesting the sharing of mental health information, the authorization automatically expires one year after the date it was signed, unless you choose an earlier date.

Part F. Approval: You OR your personal representative must sign and date this form in order for it to be processed.

I understand that this authorization for sharing my PHI is voluntary and is not a condition of enrollment in AmeriHealth Caritas Ohio, eligibility for benefits, or payment of claims. I understand that I may cancel this authorization at any time by submitting a request to AmeriHealth Caritas Ohio, and that canceling this authorization will not affect any action taken pursuant to the authorization prior to my request to cancel. I also understand that if I cancel this authorization, I should separately notify the individual(s) or organization(s) listed in Part B if I wish for those individual(s) or organization(s) to no longer share my PHI. I also understand that if the person or organization I authorize to receive my PHI described above is not subject to federal or state health information privacy laws, they may further share my PHI and it may no longer be protected by federal or state privacy laws. I also understand that I or my personal representative have a right to receive a copy of this form and to review my PHI that may be shared because of this authorization.

Member signature: By signing below, I authorize the sharing of my PHI as described above.	
Signature of member:	Date:

Personal representative information: By signing below, I authorize the sharing of PHI about the member listed above. (A personal representative is a person who has the legal authority to make health care decisions on the member's behalf. A copy of a power of attorney or other legal health care documents must be on file at AmeriHealth Caritas Ohio or submitted with this form.)	
Printed name of personal representative:	
Address of representative:	
Description of personal representative's authority:	
Signature of personal representative:	
Date:	Phone number:
Return the completed form to: Consent Processing Center, P.O. Box 7092, London, KY 40742-7092 Fax number: **1-833-214-2242** (toll-free)	

Addendum to Authorization for Sharing Health Information

Verbal consent

We, the undersigned, attest that the member listed in Part A above is **physically unable** to sign this authorization. Verbal consent does not replace the need for documentation showing that another person is the member's personal representative, and cannot replace this documentation simply because it is inconvenient for the member to sign.

Reason the member is unable to sign:

The signatures below indicate:

- The information on this form was communicated to the member.
- The member indicated their understanding of the information in this authorization.
- The member freely gave their consent.

Method of communication to member:

☐ Phone

☐ In person

☐ Other (explain):

Witness printed name:	Witness printed name:
Witness signature:	Witness signature:
Date:	Date:

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AmeriHealth Caritas Ohio

Notice of Non-Discrimination

AmeriHealth Caritas Ohio complies with applicable federal civil rights laws and does not discriminate based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services. AmeriHealth Caritas Ohio does not exclude people or treat them differently because of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

AmeriHealth Caritas Ohio 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)

AmeriHealth Caritas Ohio 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 Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you believe that AmeriHealth Caritas Ohio has failed to provide these services or discriminated in another way based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services, you can file a grievance with:

- AmeriHealth Caritas Ohio Grievances
  P.O. Box 7133
  London, KY 40742
- You can also file a grievance by phone at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you need help filing a grievance, AmeriHealth Caritas Ohio Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-764-7700 (TTY 1-833-889-6446)**.

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**
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW, Room 509F, HHH Building
  Washington, DC 20201
- By phone at **1-800-368-1019 (TDD: 1-800-537-7697)**

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at www.amerihealthcaritasoh.com/privacy-notice.aspx

Multi-language interpreter services

English:

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700 (TTY 1-833-889-6446)**.

If you have any problem reading or understanding this or any other AmeriHealth Caritas Ohio information, please contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** for help at no cost to you. We can explain this information in English or in your primary language. The information in other languages is at no cost to you. You can also get this information for free in other formats, such as large print, braille, or audio.

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700 (TTY 1-833-889-6446)**.

Si tiene algún problema para leer o comprender esta o cualquier otra información de AmeriHealth Caritas Ohio, comuníquese con Servicios al Miembro al **1-833-764-7700 (TTY 1-833-889-6446)** para recibir ayuda sin costo alguno para usted. Podemos explicarle esta información en inglés o en su idioma principal. La información en otros idiomas no tiene costo para usted. Además, puede obtener esta información sin cargo en otros formatos, como impresión en letra grande, braille o audio.

Ukrainian:

УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700 (TTY 1-833-889-6446)**.

Якщо вам важко прочитати або зрозуміти цю або іншу інформацію, надану AmeriHealth Caritas Ohio, будь ласка зв'яжіться зі службою підтримки та обслуговування клієнтів за номером **1-833-764-7700 (TTY 1-833-889-6446)**, щоб отримати безкоштовну допомогу. Ми можемо пояснити цю інформацію англійською або вашою рідною мовою. Інформація іншими мовами надається вам безкоштовно. Ви також можете отримати цю інформацію безкоштовно в інших форматах, наприклад, великим шрифтом, шрифтом Брайля, або у вигляді аудіо.

Haitian French Creole:

ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700 (TTY 1-833-889-6446)**.

Si w gen lòt difikilte pou li oswa pou konprann enfòmasyon sa yo oswa nenpòt lòt enfòmasyon ki soti nan AmeriHealth Caritas Ohio, tanpri rele ekip sèvis pou manm yo nan **1-833-764-7700 (TTY 1-833-889-6446)** pou jwenn èd san sa pa koute w anyen. Nou ka esplike enfòmasyon sa yo ann anglè oswa nan lang manman w. Ou ka jwenn enfòmasyon sa yo nan lòt lang san sa pa koute w anyen. Epitou, ou ka jwenn enfòmasyon sa yo gratis nan lòt fòma, tankou gwo karaktè, karaktè bray oswa fòma odyo.

Nepali/Nepalese (Nepal):

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू निःशुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700 (TTY 1-833-889-6446)** मा फोन गर्नुहोस् ।

यदि तपाईंलाई यो वा AmeriHealth Caritas Ohio को अन्य कुनै पनि जानकारी पढ्न वा बुझ्नमा कुनै पनि समस्या हुन्छ भने कृपया तपाईंलाई कुनै पनि शुल्क नलाग्ने गरी मद्दतका लागि सदस्य सेवालाई **1-833-764-7700 (TTY 1-833-889-6446)** मा सम्पर्क गर्नुहोस् । हामीले यस जानकारीलाई अंग्रेजी वा तपाईंको प्राथमिक भाषामा वर्णन गर्न सक्छौं । जानकारी अन्य भाषाहरूमा निःशुल्क उपलब्ध हुन्छ । तपाईंले यो जानकारी अन्य स्वरूपहरूमा निःशुल्क पनि प्राप्त गर्न सक्नुहुन्छ, जस्तै कि ठूलो छापा, ब्रेल वा अडियो ।

Arabic:

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجانًا. اتصل بالرقم **1-833-764-7700 (TTY 1-833-889-6446)**.

إذا كانت لديك أي مشكلة في قراءة أو فهم هذه المعلومات أو أي معلومات أخرى عن AmeriHealth Caritas Ohio فيُرجى الاتصال بخدمات الأعضاء على الرقم **1-833-764-7700 (TTY 1-833-889-6446)** للحصول على المساعدة بدون أي تكلفة عليك. يمكننا شرح هذه المعلومات باللغة الإنجليزية أو بلغتك الرئيسية. المعلومات باللغات الأخرى بدون أي تكلفة عليك. كما يمكنك الحصول على هذه المعلومات مجانًا بصيغ أخرى مثل مطبوعة كبيرة، أو بطريقة برايل أو بصيغة صوتية.

Russian:

ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700 (TTY 1-833-889-6446)**.

Если у вас возникли проблемы с чтением или пониманием этой или любой иной информации об AmeriHealth Caritas Ohio, вы можете бесплатно обратиться за помощью в отдел обслуживания участников по тел. **1-833-764-7700 (TTY 1-833-889-6446)**. Мы объясним вам эту информацию либо по-английски, либо на вашем родном языке. Информация на других языках предоставляется вам бесплатно. Также данную информацию можно бесплатно получить в других форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате.

Somali:

FIIRO GAAR AH: Haddii aad ku hadasho af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700 (TTY 1-833-889-6446)**.

Haddii aad wax dhibaato ah ku qabto akhrinta ama fahmitaanka tan ama macluumaadka kale ee AmeriHealth Caritas Ohio, fadlan kala xiriir Adeegyada Xubinta **1-833-764-7700 (TTY 1-833-889-6446)** si aad u hesho caawimaad aan wax kharash ah kugu fadhiyin. Waxaan ku sharxi karnaa macluumaadkan Af-Ingiriis ama afkaaga hooyo. Macluumaadka luqadaha kale ku qoran wax kharash ah kuguma fadhiyaan. Waxad sidoo kale macluumaadkan ku heli kartaa qaabab kale oo bilaash ah, sida far waaweyn, farta indhoolaha, ama maqal.

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700 (TTY 1-833-889-6446)**.

Si vous avez du mal à lire ou que vous ne compreniez pas ce message ou d'autres informations fournies par AmeriHealth Caritas Ohio, veuillez contacter l'équipe de service aux adhérents au **1-833-764-7700 (TTY 1-833-889-6446)** pour recevoir une aide gratuitement. Nous vous expliquerons ces informations en anglais ou dans votre langue maternelle. Vous pouvez recevoir ces informations gratuitement dans d'autres langues. Vous pouvez également obtenir ces informations gratuitement dans d'autres formats, notamment en gros caractères, en braille ou sur format audio.

Kinyarwanda (Burundi):

MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700 (TTY 1-833-889-6446)**.

Nimba hariho ingorane iyo ariyo yose ituma utoroherwa gusoma canke gutahura ibi canke amakuru ayo ariyo yose ya AmeriHealth Caritas Ohio, usabwe kwitura Member Services (Igisata Citaho Abanywanyi) uciye kuri nomero **1-833-764-7700 (TTY 1-833-889-6446)** kugira uronke ubufasha ku buntu. Turashobora kugusigurira aya makuru mu Congereza canke mu rurimi rwawe kavukire. Ayo makuru atanzwe mu zindi ndimi nta mahera uyatangira. Urashobora kandi kuronka aya makuru ku buntu mu bundi buryo, nko mu nyandiko nini, mu nyandiko zikoreshwa n'impumyi, canke mu buryo bw'amajwi.

Swahili:

TAHADHARI: Ikiwa unazungumza Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700 (TTY 1-833-889-6446)**.

Ikiwa una tatizo lolote la kusoma au kuelewa taarifa hii au nyingine yoyote ya AmeriHealth Caritas Ohio, tafadhali wasiliana na Huduma za Wanachama kupitia **1-833-764-7700 (TTY 1-833-889-6446)** ili upate msaada bila gharama yoyote. Tunaweza kukueleza habari hii kwa Kiingereza au katika lugha yako ya msingi. Taarifa katika lugha zingine haitakuwa na gharama kwako. Pia unaweza kupata taarifa hii bila malipo katika miundo mingine kama vile, maandishi makubwa, breli, au sauti.

Uzbek (Uzbekistan):

DIQQAT: Agar siz o'zbek tilini bilsangiz, til bo'yicha yordam xizmati siz uchun bepul. **1-833-764-7700 (TTY 1-833-889-6446)** raqamiga qo'ng'iroq qiling.

Agar sizda ushbu ma'lumotni yoki boshqa AmeriHealth Caritas Ohio ma'lumotlarini o'qish yoki tushunishda muammo bo'lsa, iltimos, bepul yordam olish uchun **1-833-764-7700 (TTY 1-833-889-6446)** raqami orqali Xizmat ko'rsatish bo'limi bilan bog'laning. Biz bu ma'lumotni ingliz tilida yoki ona tilingizda tushuntirishimiz mumkin. Mazkur ma'lumotlar boshqa tillarda ham siz uchun bepul taqdim etiladi. Shuningdek, siz ushbu ma'lumotni katta hajmda, brayl alifbosida yoki audio kabi boshqa formatlarda bepul olishingiz mumkin.

Pashtu (Afghanistan):

توجه: که تاسې په پښتو ژبه غږېږئ، د ژبې د مرستې وړیا خدمتونه ستاسې لپاره موجود دي. دې **1-833-764-7700 (TTY 1-833-889-6446)** شمېرې ته زنګ ووهئ.

که تاسې د دې معلوماتو یا هم د AmeriHealth Caritas Ohio د نورو معلوماتو لوستلو یا پوهېدلو کې مشکل لرئ، مهرباني وکړئ په وړیا ډول د مرستې لپاره د غړو خدمتونو سره په **1-833-764-7700 (TTY 1-833-889-6446)** شمېره اړیکه ونیسئ. موږ کولی شو په انګلسي ژبه کې یې ستاسې لومړنۍ ژبه کې دا معلومات تاسې ته تشریح کړو. په نورو ژبو کې معلومات تاسې ته د کوم لګښت پرته درکول کېږي. همدارنګه تاسې کولی شئ په وړیا ډول دا معلومات په نورو بڼو او فارمېټونو کې هم ترلاسه کړئ، لکه غټ چاپ، بریل، یا غږیز.

Turkish:

DİKKAT: Türkçe konuşuyorsanız, sizin için ücretsiz dil yardım hizmetleri mevcuttur. **1-833-764-7700 (TTY 1-833-889-6446)** numaralı telefonu arayın.

Bu notu veya başka herhangi bir AmeriHealth Caritas Ohio bilgi notunu okumada veya anlamada sorun yaşarsanız lütfen ücretsiz yardım için **1-833-764-7700 (TTY 1-833-889-6446)** no lu telefondan Üyelik Hizmetleri ile iletişime geçin. Bu bilgileri size İngilizce veya ana dilinizde açıklayabiliriz. Diğer dillerde size verilecek bilgiler için ücret talep edilmez. Bu bilgileri, büyük baskı, Braille alfabesi veya audio gibi diğer formatlarda da ücretsiz olarak alabilirsiniz.

Dari (Afghanistan):

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید.

اگر در خواندن یا درک این مطلب یا کدام معلومات سائری از AmeriHealth Caritas Ohio مشکل دارید، لطفاً برای دریافت کمک رایگان با خدمات اعضا به نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید. ما میتوانیم این معلومات را به لسان انگلیسی یا به لسان اصلی شما توضیح دهیم. معلومات به لسان های سائر به صورت رایگان به شما ارایه میشود. همچنان میتوانید این معلومات را به صورت رایگان در فارمت های سائر مانند چاپ بزرگ، خط بریلی یا صوتی دریافت کنید.

Vietnamese:

CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700 (TTY 1-833-889-6446)**.

Nếu quý vị gặp khó khăn trong quá trình đọc hoặc hiểu thông tin này hoặc bất kỳ thông tin nào khác của AmeriHealth Caritas Ohio, vui lòng liên hệ Ban Dịch Vụ Khách Hàng theo số **1-833-764-7700 (TTY 1-833-889-6446)** để được hỗ trợ miễn phí. Chúng tôi có thể giải thích thông tin này bằng Tiếng Anh hoặc bằng ngôn ngữ mẹ đẻ của quý vị. Thông tin ở ngôn ngữ khác được cung cấp miễn phí cho quý vị. Quý vị cũng có thể nhận thông tin này miễn phí ở các định dạng khác, chẳng hạn như định dạng chữ in khổ lớn, chữ nổi hoặc âm thanh.