

Consent to Release Protected Health Information (PHI)

Magellan Complete Care will manage your care under Florida Medicaid. This includes mental and physical health benefits. This also includes services from the people listed below. We can help you best if we all have the same information about you. Part of Magellan Complete Care's program is to have a file for your health facts that all of your doctors can see and add to.

By signing this form, you are telling us that it is OK for Magellan Complete Care and the people you list in Part 3 to share your health information with each other. If you do not sign this form, your Medicaid benefits will stay the same. These people may still share your information even if you do not sign this form but only in the way it says in the law.

If you have questions, please ask the person who gave you this form or call us at 1-800-327-8613 or our TTY number 711 if you are hearing impaired.

Part 1 Who is the enrollee?			
I say it is OK to let Magellan Complete Care and the providers listed below in Part 3 use/disclose the health information listed below in Part 2.			
Last Name		First Name	
Middle Initial			
Medical Assistance ID number (MAID #, required)	Date of Birth (MM/DD/YYYY)	Phone Number (with area code)	
Address	City	State	Zip Code

Part 2 What PHI can we share?
My health information will be shared if I sign this form. This includes medicines and any communicable diseases. It also includes my mental health, alcohol, drug and/or sexual abuse facts and treatment. This does not cover psychotherapy notes that are not in my medical records or psychological testing material. IF my files have drug and/or alcohol or HIV-related facts, I want to share that information as shown below:
Drug and Alcohol Information - <u>IF</u> my records have drug and alcohol information, I <u>want</u> to share it with the partners and the providers in Part 3 of this form.
<input type="checkbox"/> Yes, all drug/alcohol information. <input type="checkbox"/> No.
HIV/AIDS Information - <u>IF</u> my records have HIV/AIDS information, I <u>want</u> to share it with the partners and the providers in Part 3 of this form.
<input type="checkbox"/> Yes, all HIV/AIDS information. <input type="checkbox"/> No.

Part 3 Who can the PHI be given to?		
Besides Magellan Complete Care, this information can also be shared with:	<input type="checkbox"/> Additional provider list attached	
<input type="checkbox"/> Primary Care Office (PCP)	Provider Group Name	Phone
<input type="checkbox"/> Medical Specialist Office	Address	
<input type="checkbox"/> Mental Health Office		
<input type="checkbox"/> Other Health Care Office		

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	Address	

Part 4 Why are you giving out this PHI?

Sharing information about my health helps providers that care for me work together. I know this means that there will be a health file about me. The people listed above will see it so they can help me better.

Part 5 Your Rights and Important Facts

- Giving your OK is up to you.
- You do not have to share more information than what the law allows.
- You do not have to OK this paper.
- You will still get benefits and treatment if you do not sign this form.
- You can take back your OK. You need to do this in writing.
- You may need help with this. Call 1-800-327-8613, TTY:711.
- Mail to: Magellan Complete Care, PO BOX 691029, Orlando, FL 32869-9903
- Information that is shared from this form may be shared again by those who get it. If this happens, it may not be protected by federal or state privacy laws. These laws do not always apply to everyone.
- **My drug and alcohol information and my HIV status cannot be shared outside of this program. I need to give another OK in writing.**
- You have a right to get a copy of this signed OK. If you need another copy, call Magellan Complete Care at 1-800-327-8613, TTY:711.
- If you do not understand, or have questions, we can help. Call Magellan Complete Care at 1-800-327-8613, TTY:711.

Part 6 When does my OK end?

My OK lasts from when I sign this form until I am no longer part of Magellan Complete Care. It also ends if I take back my OK. My OK stays in place if I have a break in my Medicaid coverage but it is fixed within six (6) months. I know that if I stop being part of Magellan Complete Care my information can be shared between my providers for up to forty-five (45) days. This way they can keep working together on my care.

Part 7 Signature of Enrollee

I give my OK to share the information as described in this paper.

Signature or Mark of Enrollee

Date

Printed name of enrollee

Part 8 Signature of Authorized Representative (if any)

Authorized Representative means you have legal proof that you can act for this person. A representative signs for a person who cannot legally sign on his or her own.

Signature of person signing on behalf of enrollee

Date

Printed Name

Phone

Address

You should get a copy of this signed paper. Remember, Protected Health Information (PHI) means any information about your health in the past, present or future. It includes facts like your address and date of birth.

NOTICE TO ANYONE OTHER THAN THE PATIENT

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Discrimination is against the law

Magellan Complete Care of Florida complies with applicable Federal Civil Rights laws. We treat all people equally. We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Auxiliary aids
 - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at 1-800-327-8613 (TTY 711) if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you can file a grievance with:

Civil Rights Coordinator, Corporate Compliance Department

8621 Robert Fulton Dr.

Columbia MD 21046

1-800-424-7721 (TTY 711)

compliance@magellanhealth.com

You can file a grievance in one of two ways:

- By mail
- By email

The civil rights coordinator is available if you need help with any of this.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201
1-800-368-1019
TDD: 1-800-537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in other languages and formats

English

This information is available for free in other languages and formats. Please contact our customer service number at 1-800-327-8613 (TTY 711) Monday through Friday, 8 a.m. to 7 p.m. Eastern Time.

Spanish

Esta información está disponible de forma gratuita en otros idiomas y formatos. Comuníquese con nuestro número de servicio al cliente al 1-800-327-8613 (TTY 711) entre las 8:00 am y las 7:00 p.m. Hora Del Este, de lunes a viernes.

Haitian Creole

Enfòmasyon sa a disponib gratis nan lòt lang ak fòm. Tanpri rele nimewo sèvis kliyantèl nou an nan 1-800-327-8613 (TTY 711) lendi jiska vandredi, ant 8 tè dimaten jiska 7 tè diswa. Lè Zòn Lès.

Vietnamese

Thông tin này được cung cấp miễn phí bằng các ngôn ngữ và định dạng khác. Vui lòng liên lạc số điện thoại dịch vụ khách hàng của chúng tôi theo số 1-800-327-8613 (TTY 711), Thứ Hai đến Thứ Sáu từ 8 giờ sáng đến 7 giờ tối, Giờ miền Đông.

Portuguese

Estas informações estão disponíveis gratuitamente em outros idiomas e formatos. Entre em contato com o nosso serviço de atendimento ao cliente pelo número 1-800-327-8613 (TTY 711) de segunda a sexta-feira, das 8h às 19h. Horário do leste.

Chinese

此訊息免費提供其他語種及格式。請于週一至週五的早上 8 點至晚上 7 點（東部時間），致電 1-800-327-8613 (TTY 711) 聯繫我們的客戶服務。

French

Cette information est disponible gratuitement dans d'autres langues et formats. Veuillez contacter notre service à la clientèle au 1-800-327-8613 (ATS 711) du lundi au vendredi de 8h à 19h. Heure de l'Est.

Tagalog

Makukuha ang impormasyong ito nang walang bayad sa ibang mga wika at anyo. Mangyaring kontakin ang numero ng aming serbisyo sa kostumer sa 1-800-327-8613 (TTY 711) Lunes hanggang Biyernes, 8 a.m. hanggang 7 p.m. Eastern Time.

Russian

Данный документ предоставляется бесплатно на других языках и в альтернативных форматах. Звоните в наш отдел обслуживания участников по телефону 1-800-327-8613 (TTY 711) с понедельника по пятницу с 8 а.м. до 7 р.м. по восточному времени.

Arabic

هاتف 1-800-327-8613 تتاح هذه المعلومات مجاناً بلغات وتنسيقات أخرى. يرجى التواصل معنا على رقم خدمة العملاء وهو نصي (711) من الخميس إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 7 مساءً. التوقيت الشرقي

Italian

Questa informazione è disponibile gratuitamente in altre lingue e altri formati. Contattare il nostro servizio clienti al numero 1-800-327-8613 (TTY 711) dal lunedì al venerdì dalle 8:00 alle 19:00 ET (Eastern Time, fuso orario della costa orientale degli Stati Uniti).

German

Diese Informationen stehen in anderen Sprachen und Formaten kostenlos zur Verfügung. Bitte kontaktieren Sie unsere Kundendienstnummer unter 1-800-327-8613 (TTY 711) zwischen 8.00 und 19.00 Uhr Ostzeit, Montag bis Freitag.

Korean

본 정보는 다른 형식, 다른 언어로도 무료로 이용하실 수 있습니다. 고객 서비스 번호 1-800-327-8613(TTY 711)번으로 연락하십시오. 월요일~금요일, 오전 8시~오후 7시까지 이용하실 수 있습니다. (동부 표준시 기준)

Polish

Niniejsze informacje są dostępne bezpłatnie w innych językach i formatach. Prosimy o kontakt z działem obsługi klienta pod numerem 1-800-327-8613 (telefon tekstowy 711) od poniedziałku do piątku w godzinach od 8:00 do 19:00 czasu wschodniego.

Gujarati

આ માહિતી મફતમાં અન્ય ભાષાઓમાં અને ફોર્મેટમાં ઉપલબ્ધ છે. કૃપા કરીને અમારી ગ્રાહક સેવાનો 1-800-327-8613 (TTY 711) નંબર પર સોમવારથી શુક્રવાર દરમિયાનમાં, ઇસ્ટર્ન ટાઇમ મુજબ સવારે 8 વાગ્યાથી સાંજે 7 વાગ્યાની વચ્ચે સંપર્ક કરો.

Thai

ข้อมูลนี้มีให้ฟรีในภาษาและรูปแบบอื่นๆ โปรดติดต่อฝ่ายบริการลูกค้าของเราที่หมายเลข 1-800-327-8613 (TTY 711) วันจันทร์ - วันศุกร์ เวลา 8 - 19 น. เวลามาตรฐานตะวันออก