

Consent to Release Protected Health Information (PHI)

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors or the State of Florida (AHCA) your PHI unless you say it is **OK**. By signing this paper, you give us your **OK**. We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list. Do you have questions? We can help. Call Magellan Complete Care at 1-800-327-8613 or our TTY number 711 if you are hearing impaired.

Part 1 Who is the enrollee?

Last Name		First Name		Middle Initial
ID Number	Date of Birth (MM/DD/YYYY)		Phone Number (with area code)	
Address		City	State	Zip Code

Check One

- I am the enrollee **OR**
 I have the legal right to act for this person. (Check one below; if "other" fill in blank)
 I'm his or her: Parent **OR** Guardian, **OR** Other _____

Part 2 Who can give out the PHI?

Magellan may give out your PHI. Magellan Complete Care manages your mental health and/or drug and alcohol treatment for Florida Medicaid.

Part 3 Who can the PHI be given to?

Name (a person, like family members who live with me, or a place of business)		Phone Number (with area code)
Address		City, State, and Zip Code

Part 4 What PHI can we share?

We will **only** share the PHI that you **OK**. This **OK** includes facts about your medicine. It also includes facts about your mental health and/or your alcohol and drug treatment that are in your records. It does not cover notes that are not in your medical records. Tell us the health information from your records that can be shared. Give the date or place if you can.

If you give us your OK to share this kind of health information, tell us by checking the box.

- HIV/AIDS Alcohol/Substance Abuse Records Sexual/Physical/Mental Abuse

Part 5 Why are you giving out this PHI?

Tell us why you want us to share your PHI? _____

Turn this page over.

Part 6 When does my OK end?

Your **OK** will end when you tell us it does. **Tell us when you want your OK to end:**

My OK ends on this date _____ (It cannot be more than one year from your **OK**)
OR

My OK ends when this happens: _____
(It can be something like *-you can share my information this one time. Or "when I come out from the hospital in one month".* It cannot be "forever" or "when I die". The event must be within one year from when you sign)

Part 7 Your Rights and Important Facts

- Giving your **OK** is up to you. You do not have to share your information.
- You do not have to **OK** this paper. You will still get benefits and treatment.
- You can take back your **OK**. You must tell us in writing. Mail it to Magellan Complete Care, PO Box 691029, Orlando, FL 32869-9903
- What if you take back your **OK**? This will not take back the PHI that we have already shared. But, we **will not** share any more of your PHI.
- If we share your PHI with the people or agencies that you named, they may share it with others. Not everyone has to follow privacy rules.
- 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 8 Signature of Enrollee

I give my **OK** to share the information listed in this paper.

Signature or Mark of Enrollee

Date

Part 9 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. If the enrollee is less than 18 years old, a parent or guardian should sign for the minor.

Signature of person signing on behalf of enrollee

Date

Printed Name: _____

Address: _____

Phone: _____

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. A full definition of PHI is at 45 CFR §160.103.

NOTICE TO ANYONE OTHER THAN THE ENROLLEE

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