

Authorization 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. 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.

1. Who is the Medicaid Member?				
First name	Last name		Middle initial	
Member ID number	Birth date (MM/DD/YYYY)	Phone number		
Street				
City, state, ZIP code				
2. Who can the PHI be giv	en to?			
Person or company name		Phone number		
Street				
City, state and ZIP code				
Person or company name		Phone number		
Street				
City, state and ZIP code				
Person or company name		Phone number		
Street				
City, state and ZIP code				
Person or company name		Phone number		
Street				
City, state and ZIP code				

[&]quot;Mercy Care" also includes Mercy Care's subsidiaries, affiliates, employees, agents and subcontractors.

GR-69126-8 (7-22) MC

3. What	PHI can we share?
☐ Any	only share the PHI that you OK. Tell us the type of PHI by checking the box. information requested ☐ Health (medical, dental, pharmacy, vision) g term care ☐ Patient management records
Sub	ve Information: (this information may include diagnosis and/or treatment information) stance use disorder (alcohol/drug)
☐ Othe	er (please explain)
4. Why a	are you giving out this PHI?
	/Purpose:
5. This	form is good for 1 year unless you give a shorter time below.
My OK i	s good from:
	to MM/DD/YYYY
By signiı	ng below, I understand and agree:
• If y	can take back my OK by writing to the address on this form. you take back your OK it won't take back the PHI we already shared. But we will not share any ore of your PHI.
• W	y chance to sign up for insurance will not change if I don't sign this form. hoever gets my PHI may share it with others. That means laws may not be able to protect y PHI.
• Th	ne PHI I OK to share may include: - Health condition and treatment information - Chronic diseases - Behavioral/Mental health conditions - Substance use disorder diagnosis or treatment (alcohol/drug)
	 Transmissible diseases, sexually transmitted diseases (HIV/AIDS), and genetic marker information
	ercy Care will not share my PHI with whom I named unless I sign this form, and not with

ATTENTION:

I must sign this form if any of the options below apply.

- I am 18 years of age or older.
- I am under 18 years of age and I am married or emancipated.
- My state allows me to be treated even if my parents or legal guardian do not agree.
- My PHI being shared may include one or more of the below conditions:
 - Behavioral/Mental health conditions
 - Substance use disorder diagnosis or treatment (alcohol/drug)
 - Sexually transmitted disease (including HIV/AIDS)
 - Reproductive health (including contraception, prenatal care and abortion)

6. Signature of Member or Authorized Representative.

Signature	Date
Print name	
If a legal representative signed this form, describe the relationship: (parent, legal of Attorney, personal representative)	juardian, Power of

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 member is less than 18 years old, a parent, or guardian should sign for the minor. If you are a representative, signing this form you must send legal proof you can act for this person.

Do you have questions? We can help. Call Mercy Care at 800-624-3879.

Please sign and return this completed form to: Mercy Care

Member Services

4500 E. Cotton Center Blvd.

Phoenix, AZ 85040

Nondiscrimination Notice

Mercy Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Care:

- Provides no-cost 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)
- Provides no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or 1-800-385-4104 (TTY:711).

If you believe that Mercy Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator

4500 East Cotton Center Boulevard Phoenix,

AZ 85040

Telephone: 1-888-234-7358 (TTY 711)

Email: MedicaidCRCoordinator@MercyCareAZ.org

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

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

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

NAVAJO: Díí BAA AKÓNÍNÍZIN: Díí bee yániłti'go, saad bee áká'ánída'awo'dę́ę', t'áá jiik'eh, éí ná hólǫ́. Ninaaltsoos nitł'izí bee nééhozinígíí bine'dę́ę' béésh bee hane'í biká'ígíí bee hodíilnih doodago 1-800-385-4104 (TTY: 711) hólne' dooleeł.

CHINESE: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或1-800-385-4104 (TTY: 711)。

VIETNAMESE: CHÚ Ý: nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: **711**).

ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتو افر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو عل 4104-385-800-1 (للصم والبكم: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 1-800-385-4104 (TTY: 711) 번으로 연락해 주십시오.

FRENCH: ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS: **711**).

GERMAN: ACHTUNG: Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (ТТҮ: **711**).

JAPANESE: 注意事項:日本語をお話になる方は、無料で言語サポートのサービスをご利用いただけます。 IDカード裏面の電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. با شماره صورت رایگان می توانید به خدمات کمک زبانی دسترسی داشته باشید. در ج شده در پشت کارت شناسایی یا با شماره 4104-385-1208 (TTY: 711) تماس بگیرید.

SYRIAC: אשר האפעל שהישה הלפעל שהישה הבשלה בעשלה הכלשה הפלבשה לאום לימבה העל עם בילשה הלימה הלימה הלימה המשלה המשל

SERBO-CROATIAN: OBAVEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite broj na poleđini vaše identifikacione kartice ili broj **1-800-385-4104** (TTY – telefon za osobe sa oštećenim govorom ili sluhom: **711**).

SOMALI: FEEJIGNAAN: Haddii af-Soomaali aad ku hadasho, adeegyada gargaarka luqadda, oo bilaash ah, ayaad heli kartaa. Wac lambarka ku qoran dhabarka dambe ee kaarkaaga aqoonsiga ama **1-800-385-4104** (Kuwa Maqalka ku Adag **711**).

THAI: ข้อควรระวัง: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-800-385-4104** (TTY: **711**) мс-1449