P.O. Box 459089
Fort Lauderdale, FL 33345-9089

# Authorization to Use and Disclose Health Information

**Notice to Member:**

- Completing this form will allow Ambetter Health to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have to give permission to use or share your health information. Your services and benefits with Ambetter Health will not change if you do not submit this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling Member Services at the phone number on the back of your member ID card.
- Ambetter Health cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- If you need help, contact Member Services at the phone number on the back of your member ID card.
- Fill in all the information on this form. When finished, mail the form and any supporting documentation to

**Ambetter Health**
**ATTN: Compliance Department**
**P.O. Box 459089**
**Fort Lauderdale, FL 33345-9089**

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**Aviso al (la) afiliado(a):**

- Al llenar este formulario, usted autoriza a Ambetter Health a (i) que use su inf
- ormación de salud para un fin en particular, y/o (ii) que la dé a conocer a la persona o entidad que usted identifique en este formulario.
- Usted no tiene que firmar este formulario ni dar permiso a usar o dar a conocer su información de salud. Sus servicios y beneficios de Ambetter Health no cambiarán si usted no firma este formulario.
- Si desea cancelar este formulario de autorización, envíenos por escrito una solicitud para revocarlo a la dirección que aparece al final de esta página. Servicios para los afiliados puede proporcionarle un formulario de revocación si les llama al número telefónico que se encuentra en la parte trasera de su tarjeta de identificación de afiliación.

- Ambetter Health no puede prometer que la persona o el grupo al que nos permita dar a conocer su información de salud no la dará a conocer a alguien más.
- Conserve una copia de todos los formularios llenos que nos envíe. Si las necesita, podemos enviarle copias.
- Si necesita ayuda, comuníquese con Servicios para los afiliados al número telefónico que aparece en la parte trasera de su tarjeta de identificación de afiliación.
- Llene toda la información en este formulario. Al terminar, envíe el formulario y todos los documentos de apoyo a

**Ambetter Health**
**ATTN: Compliance Department**
**P.O. Box 459089**
**Fort Lauderdale, FL 33345-9089**

**PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW. INCOMPLETE FORMS CANNOT BE ACCEPTED.**

## 1 MEMBER INFORMATION:

Member Name *(print)*: _____

Member Date of Birth: _____ Member ID Number: _____

## 2 I GIVE AMBETTER HEALTH PERMISSION TO USE MY HEALTH INFORMATION FOR THE PURPOSE IDENTIFIED OR TO SHARE MY HEALTH INFORMATION WITH THE PERSON OR GROUP NAMED BELOW. THE PURPOSE OF THE AUTHORIZATION IS *(check one option below)*:

☐ to allow Ambetter Health to help me with my benefits and services, **OR**

☐ to permit Ambetter Health to use or share my health information for _____

## 3 PERSON OR GROUP TO RECEIVE INFORMATION *(add more Persons or Groups on next page)*:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

## 4 I AUTHORIZE AMBETTER HEALTH TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION *(NOTE: Select the first statement to release ALL health information or select the below statement to release only SOME health information. **Both CANNOT be selected.**)*

☐ **All of my health information INCLUDING:**
Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed);

**OR**

☐ **All of my health information EXCEPT** *(check only the boxes below that apply)*:

- ☐ Genetic information, services or tests
- ☐ AIDS or HIV data and records
- ☐ Drug and alcohol data and records
- ☐ Mental health data and records (but not psychotherapy notes)
- ☐ Prescription drug/medication data and records
- ☐ Other: _____

## 5 THIS AUTHORIZATION ENDS ON THIS DATE/EVENT: _____

*Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year from the date of the signature below.*

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## 6 MEMBER OR LEGAL REPRESENTATIVE SIGNATURE: _____

**DATE:** _____

**IF LEGAL REPRESENTATIVE - Relationship to Member**: _____

*If you are the Member's legal or personal representative, **you must send us copies of relevant forms**, such*

*as power of attorney or order of guardianship.*

MAIL COMPLETED AUTHORIZATION FORM AND ANY SUPPORTING DOCUMENTATION TO
**Ambetter Health, ATTN: COMPLIANCE DEPARTMENT**
**P.O. Box 459089 Fort Lauderdale, FL 33345-9089**

**ADDITIONAL INDIVIDUAL PERSON(S) OR GROUP(S) TO RECEIVE INFORMATION:**

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City: State: Zip: Phone: ( ) -

Name (individual or entity):

Address:

City:_____ State: _____ Zip: _____ Phone: (  ) ___ - _____

AMB19-FL-C-00332

P.O. Box 459089
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| **English:** | If you, or someone you're helping, have questions about Ambetter Health, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Spanish:** | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter Health y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Frenche Creole:** | Si ou menm, oswa yon moun w ap ede, gen kesyon sou Ambetter Health, epi nou pa mètrize Anglè, nou gen dwa pou jwenn èd ak enfòmasyon nan lang nou gratis epi nan moman ki apwopriye a. Si ou menm, oswa yon moun w ap ede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou wè ki pètibe kominikasyon nou, nou gen dwa pou resevwa asistans ak sèvis oksilyè gratis epi nan moman ki apwopriye a. Pou resevwa sèvis tradiksyon oswa sèvis oksilyè yo, tanpri kontakte Sèvis Manm yo nan 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Vietnamese:** | Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Ambetter Health và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Portuguese:** | Se tiver dúvidas acerca da Ambetter Health, ou estiver a ajudar uma pessoa com dúvidas acerca desta, e não dominar o inglês, tem o direito de obter ajuda e informações no seu idioma sem qualquer custo e de forma atempada. Se tiver uma condição visual e/ou auditiva que dificulte a comunicação ou estiver a ajudar uma pessoa com uma condição deste tipo, tem o direito de receber equipamentos ou serviços de assistência sem qualquer custo e de forma atempada. Para receber traduções ou serviços de assistência, contacte serviços de membro através do número 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Chinese:** | 如果您，或是您正在協助的對象，有關於 Ambetter Health 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務，請聯絡會員服務部，電話是 1-877-687-1169 (Relay Florida 1-800-955-8770)。 |

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| **French:** | Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter Health et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Tagalog:** | Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter Health, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga Serbisyo para sa Miyembro sa 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Russian:** | Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Ambetter Health, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Arabic:** | إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter Health، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعده تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بـ خدمات الأعضاء على 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Italian:** | Se Lei o una persona a cui sta fornendo assistenza ha domande su Ambetter Health e non ha una perfetta padronanza della lingua inglese, ha il diritto di ricevere aiuto e informazioni nella Sua lingua gratuitamente e tempestivamente. Se Lei o una persona a cui sta fornendo assistenza presenta una condizione uditiva e/o visiva che impedisce la comunicazione, ha il diritto di ricevere servizi ausiliari gratuitamente e tempestivamente. Per ricevere una traduzione o un servizio ausiliario, contatti i Servizi per i membri al numero 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **German:** | Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter Health hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Um eine Übersetzung oder zusätzliche Dienstleistungen zu erhalten, wenden Sie sich an den Kundendienst unter 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Korean:** | 귀하 또는 귀하의 도움을 받는 분이 Ambetter Health에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 1-877-687-1169 (Relay Florida 1-800-955-8770)번으로 가입자 서비스부에 연락해주십시오. |

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| **Polish:** | Jeśli Ty lub osoba, której pomagasz, macie pytania dotyczące Ambetter Health, ale nie posługujecie się biegle językiem angielskim, macie prawo do uzyskania pomocy i informacji w swoim języku bez dodatkowych kosztów i w odpowiednim czasie. Jeśli Ty lub osoba, której pomagasz, macie problemy ze słuchem i/lub wzrokiem, które utrudniają komunikację, macie prawo do otrzymania pomocy i usług pomocniczych bez dodatkowych kosztów i w odpowiednim czasie. Aby uzyskać tłumaczenie lub usługi pomocnicze, należy skontaktować się z Usługi członkowskie pod numerem 1-877-687-1169 (Relay Florida 1-800-955-8770). |
| **Gujarati:** | જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિને Ambetter Health વિશે પ્રશ્નો હોય અને અંગ્રેજીમાં પ્રવીણ ન હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર તમારી ભાષામાં મદદ તથા માહિતી મેળવવાનો અધિકાર છે. જો તમે અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિ શ્રવણશક્તિ અને/અથવા દૃષ્ટિવિષયક અવસ્થાથી પીડિત હોય કે જે સંચારને અવરોધતી હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર સહાયક સહાય તથા સેવાઓ પ્રાપ્ત કરવાનો અધિકાર છે. અનુવાદ અથવા સહાયક સેવાઓ પ્રાપ્ત કરવા માટે, કૃપા કરીને 1-877-687-1169 (Relay Florida 1-800-955-8770) પર સભ્યની સેવાઓનો સંપર્ક કરો. |
| **Thai:** | หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Ambetter Health และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากต้องการบริการด้านการแปลหรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข 1-877-687-1169 (Relay Florida 1-800-955-8770) |

AMB24-FL-C-00014-EPO-HMO

Ambetter Health is underwritten by Celtic Insurance Company, Centene Venture Company Florida, and Sunshine State Health Plan, Inc. Centene Venture Company Florida, and Sunshine State Health Plan, Inc are Qualified Health Plan issuers in the Florida Health Insurance Marketplace. Celtic Insurance Company is a Health Plan issuer in the Florida market. This is a solicitation for insurance.

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