



CONFIDENTIAL COMMUNICATIONS REQUEST FOR MINORS

Please fill out this form if you are a minor between the ages of 14 and 17, and you want any communications related to family planning, pregnancy care, sexually transmitted infections (STIs), and/or substance use (including counseling) sent to an address other than the mailing address that 'Ohana Health Plan has on file for you.

Please print clearly and fill out every section. Incomplete forms will not be processed.

PART A: MEMBER REQUESTING CONFIDENTIAL COMMUNICATIONS			
Last Name	First Name	MI	
Address	City	State	ZIP Code
Email	Home Phone No.	Cellphone No.	
'Ohana Member ID Number		Birthdate (mm/dd/yyyy)	
PART B: REQUEST TYPE (Choose only ONE request per form)			
<input type="checkbox"/> New Request <input type="checkbox"/> Update Existing Request <input type="checkbox"/> Cancel Request as of _____ <div style="text-align: right; margin-top: 5px;">(Date: mm/dd/yyyy)</div>			
PART C: ALTERNATE MAILING ADDRESS			
Minors between the ages of 14 and 17 may ask that communications related to family planning, pregnancy care, sexually transmitted infections (STIs), and substance use (including counseling) be sent to an address other than the mailing address that 'Ohana Health Plan has on file for you.			
<input type="checkbox"/> Mail all my communications to this address:			
Address	City	State	ZIP Code
PART D: CANCELLATION DATE			
Please send communications to the address listed in PART C until this date: _____ <div style="text-align: right; margin-top: 5px;">(Date: mm/dd/yyyy)</div>			

PART E: YOUR RIGHTS (Please read)

I understand that:

‘Ohana Health Plan will send communications about my protected health information to a mailing address other than the one that the health plan has on file for me. I do not have to explain why I am asking for communications to be sent to this alternate address. I may also ask for a copy of this signed form.

I also understand that:

- Communications addressed to me are confidential.
- ‘Ohana Health Plan will send communications to my alternate address as long as the address is valid and it is reasonable to do so.
- ‘Ohana Health Plan cannot process incomplete or invalid forms.
- This request takes priority over any other Authorized Representative requests that ‘Ohana Health Plan has on file for me.
- Until this form is processed, my communications will keep being mailed to the address that ‘Ohana Health Plan has on file for me now.
- I will need to fill out this form again if my member ID changes.
- I must tell ‘Ohana Health Plan of changes to my alternate address or contact information.
- This request will expire 18 months after my health plan coverage ends or on the date noted in **PART E** of this form.
- If I cancel my request or the request expires, communications will resume being sent to the main address that ‘Ohana Health Plan has on file for me. This includes information that was previously protected.
- If I have questions about this form or would like updates, I may contact ‘Ohana Health Plan at 1-888-846-4262 (TTY: 711) Monday through Friday, from 7:45 a.m. to 4:30 p.m., Hawaii Standard Time.

PART G: YOUR SIGNATURE

I, (print member’s name) _____, have read and understand this form and agree to its conditions.

Signature: _____ **Date:** _____

Please complete, sign, and send this form to:

‘Ohana Health Plan
Attn: Compliance Department
820 Mililani Street, Suite 200
Honolulu, HI 96813
Or
Fax: **1-877-297-3112**

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan 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)

‘Ohana Health Plan 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 **1-888-846-4262** (TTY **711**).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
Attn: Grievance Department
820 Mililani Street
Suite 200
Honolulu, HI 96813
Toll-free: **1-888-846-4262**
TDD/TTY: **711**
Fax: **1-813-865-6861**

You can file a grievance in person or by mail or fax. If you need help filing a grievance we are available to help you. Call Customer Service toll-free at **1-888-846-4262** (TTY: **711**).

You can also file a grievance 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, 800-537-7697 (TDD)

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

(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **711**).

(Cantonese) 您需要其他語言的協助嗎？我們提供您免費的口譯服務。請致電 **1-888-846-4262** (TTY : **711**)。

(Chuukese) En mi mochen emon chon awewe/chon chiaku non pwan ew fos? Sipwe angei emon chon chiaku esapw kame. Kekkeri **1-888-846-4262** (TTY: **711**).

(French) Vous avez besoin d'aide dans une autre langue ? Nous vous trouverons un interprète gratuitement. Appelez le **1-888-846-4262** (TTY : **711**).

(German) Benötigen Sie Hilfe in einer anderen Sprache? Wir stellen Ihnen kostenlos einen Dolmetscher zur Verfügung. Sie erreichen uns unter: **1-888-846-4262** (TTY: **711**).

(Hawaiian) Pono 'oe i ke kōkua ma ka 'ōlelo 'ē a'e? E loa'a iā mākou kahi unuhi 'ōlelo unuhi 'ōlelo. E kelepona iā **1-888-846-4262** (TTY: **711**).

(Ilocano) Masapulmo kadi ti tulong iti sabali a lengguahe? Ipaayandaka iti libre nga interpreter. Umawag iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語でのサポートが必要ですか？通訳を無料でご用意します。 **1-888-846-4262** (TTY: **711**) までお電話ください。

(Korean) 다른 언어로 도움을 받으셔야 합니까? 무료 통역사를 지원해 드립니다. **1-888-846-4262** (TTY: **711**)번으로 연락해 주십시오.

(Mandarin) 您是否需要其他语言的帮助？我们将为您提供免费的翻译服务。请致电 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Kwōj ke aikuj jibañ kin bar juon kajin? Kim naj lewaj juon riukok ejellok wonnen. Kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) O e manaomia se fesoasoani i se isi gagana? Matou te sueina se faaliliu upu e le tologiina. Vala'au le **1-888-846-4262** (TTY: **711**).

(Spanish) ¿Necesita ayuda en otro idioma? Le conseguiremos un intérprete gratuito. Llame al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang wika? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **711**).

(Tongan) 'Oku ke fiema'u tokoni 'i ha toe lea kehe? Te mau 'omi ta'etotongi ha tokotaha fakatonulea. Tā ki he **1-888-846-4262** (TTY: **711**).

(Vietnamese) Quý vị có cần trợ giúp bằng ngôn ngữ khác không? Chúng tôi sẽ cung cấp cho quý vị một phiên dịch viên miễn phí. Hãy gọi đến số **1-888-846-4262** (TTY: **711**).

(Visayan) Nagkinahanglan ka bag tabang gikan sa laing pinulongan? Hatagan ka namo og libreng tighubad. Tawag sa **1-888-846-4262** (TTY: **711**).