820 Mililani St, Suite 200
Honolulu, HI 96813

Authorization to Provide Protected Health Information (PHI)

Member Notice:
Complete this form if you are requesting access to or copies of your Protected Health Information (PHI) for you, another person or entity that you identify on this form.

- ✓ You do not have to sign this form or give permission to use or share your health information. Your services and benefits with Ohana Health Plan (OHP) will not change if you do not sign 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 Customer Service toll-free at **1-888-846-4262** (TTY: **711**), Monday-Friday from 7:45 am - 4:30 pm Hawaii Standard Time.
- ✓ OHP 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.
- ✓ Fill in all the information on this form. When finished, mail it to the address at the bottom of the first page.

MEMBER INFORMATION

Member Name: _____

Member Date of Birth: ____/____/____ Member ID Number: _____

I give Ohana Health Plan permission to share my health information for the purpose identified and to share my health information with the person or group named below.

☐ The purpose of the authorization is: _____

_____

Please select what you are requesting:

_____Provide copies of PHI _____Provide access to PHI

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PERSON OR GROUP TO RECEIVE INFORMATION

(add additional Persons or Groups on page 3)

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I Authorize Ohana Health Plan to Share The Following Health Information:

☐ 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 all boxes 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: _____

This authorization is good for one year from the date you sign this form unless you tell us the following:

Authorization End Date: ____/____/____ **or Event:** _____

Member Signature: _____ **Date:** ____/____/____
(Member or Legal Representative.)

Relationship to Member: _____
If you are the Member's Legal Representative, please send us copies of those forms
(Such as Power of Attorney or Order of Guardianship).

Mail to:

Ohana Health Plan Attn: Compliance Department
820 Mililani St, Suite 200
Honolulu, HI 96813

Additional Person(s) Or Entity(ies) 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): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (individual or entity): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (individual or entity): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (individual or entity): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (individual or entity): _____

City: _____ State: _____ Zip: _____ Phone: _____

Name (individual or entity): _____

City: _____ State: _____ Zip: _____ Phone: _____

‘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**.

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(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 ʻoe i ke kōkua ma ka ʻōlelo ʻē aʻe? E loaʻa iā mākou kahi unuhi ʻōlelo unuhi ʻōlelo. 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 totogiina. 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) ʻOku ke fiemaʻu tokoni ʻi ha toe lea kehe? Te mau ʻomi taʻetotongi 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**).