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.

If you want to cancel this authorization form, send us a written request to revoke it at the address on the third 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.

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 on the third page.

You do not have to sign this form or give permission to use or share your health information. Your services and benefits with ʻOhana Health Plan (OHP) will not change if you do not sign this form.

OHP cannot promise that the person or group you allow us to share your health information with will not share it with someone else.

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Member Information

Member Name: _____

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

I give ʻOhana 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

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 ʻOhana 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, braille, 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 ‘Ohana Health Plan toll-free **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
P.O. Box 31384
Tampa, FL 33637
Phone: **1-888-318-0427** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

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, **1-800-537-7697** (TDD)

Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html**.

(English) If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call ʻOhana Health Plan toll-free **1-888-846-4262** (TTY: **711**).

(Cantonese) 如您需要以其他語言檢閱此資訊，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式，我們可以免費爲您提供。請撥打 ʻOhana Health Plan 免費電話 **1-888-846-4262**（TTY：**711**）。

(Chuukese) Ika pwe mi namwot ei non pwan ew fos, are osupwangen aninis me angang mi anisi, font mi watte, affou ren kapas, are pwan ekkoch napanap, sia tongeni awora ngonuk nge ese kamo. Kopwe kokori ʻOhana Health Plan ese kamo **1-888-846-4262** (TTY: **711**).

(French) Si vous avez besoin d'aides et de services auxiliaires, ou si vous avez besoin de ce document dans une autre langue, dans une police plus grande, dans un autre format ou d'une traduction orale, nous pouvons vous les fournir gratuitement. Appelez gratuitement ʻOhana Health Plan au **1-888-846-4262** (TTY : **711**).

(German) Sofern Sie diese Informationen in einer anderen Sprache benötigen oder auf zusätzliche Unterstützung und Dienstleistungen, größere Schriftarten, mündliche Übersetzungen oder andere alternative Formate angewiesen sind, können wir Ihnen diese kostenlos zur Verfügung stellen. Rufen Sie ʻOhana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake ʻoe i kēia ma ka ʻōlelo ʻē aʻe, a i ʻole makemake ʻoe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i ʻole nā palapala ʻē aʻe, hiki iā mākou ke hāʻawi iā ʻoe me ka uku ʻole. Kāhea ʻOhana Health Plan uku ʻole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenno kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenno dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti ʻOhana Health Plan a libre iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語や補助支援およびサービス、大活字、通訳、およびその他の代替形式が必要な場合、無料で提供しています。フリーダイヤル（**1-888-846-4262**）または（TTY：**711**）にて、ʻOhana Health Plan までお問い合わせください。

(Korean) 다른 언어로 필요하거나 보조 도구 및 서비스, 큰 글씨, 구술 번역 또는 다른 대체 형식이 필요한 경우 무료로 제공해 드릴 수 있습니다. ʻOhana Health Plan에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິການນີ້ເປັນພາສາອື່ນ, ຫຼື ຕ້ອງການການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມ ແບບຕົວອັກສອນຂະຫນາດໃຫຍ່, ການແປພາສາປາກເປົ່າ, ຫຼື ຮູບແບບທາງເລືອກອື່ນໆ, ພວກເຮົາສາມາດໃຫ້ບໍລິການດັ່ງກ່າວໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທຫາ ʻOhana Health Plan ໂທຟຣີ **1-888-846-4262** (TTY: **711**).

(Mandarin) 如果您需要其他语言版本，或者需要辅助设备和服务、大号字体、口译服务或其他替代形式，我们可以免费为您提供。请拨打 ʻOhana Health Plan 免费电话 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Ñe kwoj aikuj i menin ilo juon ba kajin, ak jipañ ko ilo jeje im jerbal ko, jeje killep, ukok ilo ainikien, ak jōt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurlok ʻOhana Health Plan ejelok-wonāān kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) Afai e te mana'omia lenei lomiga i se isi gagana, pe mana'omia fo'i ni fesoasoani ma ni auaunaga faaopoopo, o ni tusitusiga tetele, o ni faaliliuga i se isi gagana, po o ni isi fo'i ituaiga o faaliliuga, e mafai ona matou saunia mo oe e aunoa ma se totogi. Valaau ʻOhana Health Plan leai se totogi **1-888-846-4262** (TTY: **711**).

(Spanish) Si necesita esta información en otro idioma, o necesita ayudas y servicios auxiliares, letra grande, traducción oral u otros formatos alternativos, podemos proporcionárselos de manera gratuita. Llame a ʻOhana Health Plan sin cargo al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kung kailangan ninyo ito sa ibang wika, o kung kailangan ninyo ng mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, o iba pang alternatibong format, maibibigay namin ang mga ito sa inyo nang libre. Tawagan ang ʻOhana Health Plan nang toll-free sa **1-888-846-4262** (TTY: **711**).

(Thai) **หากคุณต้องการเนื้อหานี้เป็นภาษาอื่น หรือต้องการความช่วยเหลือและบริการเพิ่มเติม แบบอักษรขนาดใหญ่ การแปลโดยการอ่านออกเสียง หรือรูปแบบที่เป็นทางเลือกอื่นๆ เราสามารถให้คุณได้โดยไม่มีค่าใช้จ่าย โปรดโทรหา** ʻOhana Health Plan **ที่หมายเลขโทรฟรี 1-888-846-4262** (TTY: **711**)

(Tongan) Kapau ʻoku ke fie maʼu ʻeni ʻi ha toe lea, pe fiemaʻu ha ngaahi tokoni mo e ngaahi sevesi, mataʼitohi lahi, ngutu, liliu lea, pe ko ha toe fometi founga kehe, te mau lava ʻo ʻoatu kinautolu kiate koe taʼetotongi. Taa kihe ʻOhana Health Plan Taʼetotongi **1-888-846-4262** (TTY: **711**).

(Vietnamese) Nếu cần hỗ trợ bằng ngôn ngữ khác hoặc cần dịch vụ và trợ giúp bổ trợ, cỡ chữ lớn, phiên dịch hoặc các định dạng thay thế khác, chúng tôi có thể cung cấp miễn phí cho quý vị. Gọi ʻOhana Health Plan theo số miễn cước **1-888-846-4262** (TTY: **711**).

(Visayan) Kung gikinahanglan nimo kini sa laing lengguwahe, magkinahanglan og auxiliary nga mga tabang ug serbisyo, dagko nga font, oral nga paghubad, o ubang mga alternatibong format, mahatag namo kini nimo nga walay bayad. Libre mutawag sa ʻOhana Health Plan sa **1-888-846-4262** (TTY: **711**).