



## 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;">(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"/> <b>Mail all my communications to this address:</b>			
Address	City	State	ZIP Code
PART D: CANCELLATION DATE			
Please send communications to the address listed in <b>PART C</b> until this date: _____ <div style="text-align: right;">(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, 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 'Ohana 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，我們可以免費為您提供。請撥打 'Ohana 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 'Ohana 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 'Ohana 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 'Ohana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake 'oe i kēia ma ka 'ōlelo 'ē a'e, a i 'ole makemake 'oe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i 'ole nā palapala 'ē a'e, hiki iā mākou ke hā'awi iā 'oe me ka uku 'ole. Kāhea 'Ohana Health Plan uku 'ole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenna kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenna dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti 'Ohana 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、'Ohana 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. 'Ohana Health Plan에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິການນີ້ເປັນພາສາອື່ນ, ຫຼື ຕ້ອງການການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມ ແບບຕົວອັກສອນຂະໜາດໃຫຍ່, ການແປພາສາປາກເປົ້າ, ຫຼື ຮູບແບບທາງເລືອກອື່ນໆ, ພວກເຮົາສາມາດໃຫ້ບໍລິການດັ່ງກ່າວໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທຫາ 'Ohana 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 'Ohana 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 jermal ko, jeje killep, ukok ilo ainikien, ak jöt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurluk 'Ohana 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 auunaga 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 'Ohana 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 'Ohana 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 'Ohana Health Plan nang toll-free sa **1-888-846-4262** (TTY: **711**).

(Thai) หากคุณต้องการเนื้อหาเป็นภาษาอื่น หรือต้องการความช่วยเหลือและบริการเพิ่มเติม แบบอักษรขนาดใหญ่ การแปลโดยการอ่านออกเสียง หรือรูปแบบที่เป็นทางเลือกอื่นๆ เราสามารถให้คุณได้โดยไม่มีค่าใช้จ่าย โปรดโทรหา 'Ohana Health Plan ที่หมายเลขโทรศัพท์ **1-888-846-4262** (TTY: **711**)

(Tongan) Kapau 'oku ke fie ma'u 'eni 'i ha toe lea, pe fiema'u ha ngaahi tokoni mo e ngaahi sevesi, mata'itohi lahi, ngutu, liliu lea, pe ko ha toe fometi founa kehe, te mau lava 'o 'oatu kinautolu kiate koe ta'etotongi. Taa kihe 'Ohana Health Plan Ta'etotongi **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 'Ohana 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 'Ohana Health Plan sa **1-888-846-4262** (TTY: **711**).