



APPOINTMENT OF REPRESENTATIVE

Date: _____ **Member number:** _____

Name: _____ **Reference/Case number:** _____

PART 1 --- APPOINTMENT OF REPRESENTATIVE (to be filled out by member)

I allow _____ to act for me when filing a grievance, claim or appeal.
(Name of person you want as your representative)

The person I have named can act for me when giving or receiving any information about my grievance, claim or appeal. This includes personal medical information.

Member:	Date:
Street Address:	Phone (with area code):
City:	State: ZIP Code:

PART 2 --- ACCEPTANCE OF APPOINTMENT (to be filled out by Representative)

I, _____ accept the appointment. I will act on behalf of the
(Name of person who will be member's representative) member to file a grievance, claim or appeal.

Relationship to Member: (Must be 18 or older)	
Representative Signature:	Date:
Street Address:	Telephone (with area code):
City:	State: ZIP Code:

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

Date: ____/____/____ or Event: _____
Month Day Year

Part 3 ---YOUR INDIVIDUAL RIGHTS (Please read):

I understand that:

- I do not have to sign this form.
- I can cancel this form by writing to <Health Plan> at the address below. If I cancel, it will not include the information that was already disclosed.
- Once my protected health information is disclosed to the person or organization I named in **Part 1** of this form, the information in their possession may no longer be protected by privacy laws.

Please fill out this form. Mail, fax or deliver it to the address below:

'Ohana Heath Plan
820 Mililani Street, Suite 200
Honolulu, Hawaii 96813
Fax: 888-361-0713

Member Signature: _____ Date: _____

‘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**).