

AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

**Denotes required information*

Member Name: * _____ Date of Birth: * _____

EHP Policy Number: * _____ Telephone: _____

As required by the Health Insurance Portability and Accountability Act (HIPAA), The Cleveland Clinic/Akron General Employee Health Plan (EHP) as administered by Mutual Health Services (MHS), in addition to EHP Medical and Pharmacy Management Departments, may not use or disclose your health information except as provided in the CCHS and Akron General EHP Privacy Notice of Insurance Information Practices, which is located on the EHP Website under "About Us." Your signature on this form indicates that you are giving permission for certain use or disclosure of your health information.

I authorize the use or disclosure of my individually identifiable health information as indicated below by EHP, MHS, EHP Medical and Pharmacy Management Departments to the following individual or entity (must include name, address, and relationship): *

PLEASE PRINT

Last Name: * _____ First Name: * _____

Address: * _____

CIRCLE RELATIONSHIP: * Spouse Domestic Partner Child Parent Sibling Power of Attorney Guardian Friend Other

The specific health information to be used or disclosed (please check all that apply): *

- Claim Payment Information
- Application/Enrollment Information
- Medical Records
- Healthy Choice Information (health status, medical condition, participation, etc.)
- Other _____

Reason or purpose of providing the health information to the individual/entity named above: *

I understand this authorization will only be in effect from the corporate received date through coverage termination.

I also understand that I may revoke this authorization at any time by providing MHS with written notice of revocation. If I do revoke this authorization, it will not have any effect on any information released before MHS receipt of the revocation, including any action taken by the individual/entity that received the health information. Health information used or disclosed as instructed by this authorization may be further disclosed by the individual/entity receiving the health information and, therefore, no longer protected by the HIPAA privacy law.

I understand that I am under no obligation to sign this authorization. I further understand that my ability to obtain insurance or eligibility for benefits will not depend in any way on whether I sign this authorization.

Signature of the individual who is the subject of the health information to be used/disclosed*

Date*

If signed by Legal Representative, relationship to member (attach proof/court documentation): *

Submit this request to Mutual Health Services, Attn: Membership Services, PO Box 89472, Cleveland, OH 44101-6472. You may also fax this form to Attn: Membership Services 440-878-5488.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-451-7929 (TTY: 711).

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-451-7929 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-451-7929 (TTY: 711).

Arabic

ملحوظة: إننا نكتب، نتحدث، نذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-451-7929 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff. Call 1-800-451-7929 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-451-7929 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-451-7929 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-451-7929 (TTY: 711).

Navajo

Díí baa akó ninízin: Díí saad bee yánilti' go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jik'eh, éí ná hóló, kóij' hódíílnih 1-800-451-7929 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-451-7929 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-451-7929 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-451-7929 (TTY: 711).

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-451-7929 (TTY: 711) まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-451-7929 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-451-7929 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-451-7929 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-451-7929 (TTY: 711).

Please Note: Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MUTUAL HEALTH SERVICES' CUSTOMER CARE DEPARTMENT AT 1-800-451-7929.

Nondiscrimination Notice

Mutual Health Services complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Mutual Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Mutual Health Services provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Mutual Health Services provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Mutual Health Services failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint 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:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
1-800-368-1019 (TDD: 1-800-537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.