Approval to Use or Share
Protected Health Information

Lighthouse HEALTH PLAN

Protected Health Information or PHI is information about your health or the care that you have received. Your privacy is important to us. Lighthouse Health Plan needs your approval to use or share your PHI.

Please fill out this form. This form lets us know which PHI you give us approval to use or share. We will review your completed form and update our records, if needed.

Please read this form carefully and fill it out completely. Please print or type. If printing, please use a pen.

Required Information

Enrollee Name			
Date of Birth		Enrollee Phone	
Enrollee Address			

I am the person above. I give Lighthouse Health Plan's Care Management team approval to use or share my PHI. Below are times when my PHI can be shared.

Check the box share the following information:

- ☐ General health information collected by my Care Management and care teams
- ☐ Substance abuse
- ☐ AIDS/HIV and communicable disease
- ☐ Behavioral Health (excluding psychotherapy notes)

I approve the information above to be shared with:

Name			
Company / Organization			
Address			
Phone Number		Fax Number	

The reason this information is being used or shared is because:

If you prefer not to be specific, please write in "at the request of the Enrollee"

Initial All Statements Below (if you agree)

_____ **End of Approval**

Approval to share my PHI will end on the date or event:

_____

If no date is provided, approval Plan will end at the end of this year.

_____ **Need to Renew Approval**

I will fill out another form if I want to renew the approval.
Approval will end on the date written above if not renewed.

_____ **Right to End**

I can end this approval at any time. I will let Lighthouse Health Plan know in writing if I want to end this approval. I can't take back any PHI that I have approved to share.

_____ **Right to Services**

I do not have to sign this form. I can still receive services from Lighthouse Health Plan even if I do not sign this form.

_____ **Risk of Sharing to Persons Not Covered Under Federal Privacy Rules**

Federal privacy rules meant to keep my PHI safe. With my approval, Lighthouse Health Plan may share my PHI. People that do not have to follow the federal privacy rules may receive my PHI. As a result, even more people may receive my PHI. If that happens, federal privacy rules may no longer protect my PHI. I understand that this is important if my PHI is shared with my employer.

_____ **Right to Keep a Copy of the Form**

I know that I have the right to keep or receive a copy of this form.

☐ Please check the box if you want Lighthouse Health Plan to send you a copy of the form.

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Required Signature

Enrollee Signature		Date	

Complete if the enrollee is a minor or if someone else is submitting this form.

Name		Relationship to Enrollee	
Address			

If someone else is submitting this form for the enrollee, please sign below.

Representative Signature		Date	

Please mail this form to:

Lighthouse Health Plan
Attn: Care Management Forms
PO Box 211156
Eagen, MN 55121

This information is available for free in other languages and formats. Please contact our customer service number at 844-243-5176 (TTY/TDD: 711). Hours of operation are Monday – Friday, 8:00am – 8:00pm EST.

English	*This information is available for free in other languages. Please contact our customer service number at 844-243-5176 or TTY 711 during 8:00am – 8:00pm, Monday – Friday.*
French	*Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter notre assistance à la clientèle au 844-243-5176 ou au TTY 711 aux heures suivantes : 8:00am – 8:00pm.*
Haitian Creole	*Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte sèvis kliyantèl nou nan nimewo 844-243-5176 oswa TTY 711 pandan 8:00am – 8:00pm.*
Italian	*Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il nostro servizio clienti al numero 844-243-5176 o TTY 711 durante 8:00am – 8:00pm.*
Russian	*Эта информация доступна бесплатно на других языках. Пожалуйста, свяжитесь с нами по номеру обслуживания клиентов 844-243-5176 или TTY 711 в течение 8:00am – 8:00pm.*
Spanish	*Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro servicio al cliente a través del 844-243-5176 o por TTY 711 durante el 8:00am – 8:00pm.*

Nondiscrimination Notice

Lighthouse Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Lighthouse Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Lighthouse 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)

- 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 Lighthouse Health Plan at 844-243-5176.

If you believe that Lighthouse Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Lighthouse Civil Rights Coordinator
700 E. Gregory Street, Suite 150
Pensacola, FL 32502
Phone: 800-653-7101 (TTY: 711)
Fax: 888-357-2565
Email: compliance@lighthousehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please call 844-243-5176 and ask for the Civil Rights Coordinator.

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 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.

Translation Services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-854-8691 Pin L221 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-854-8691 Pin L221 (TTY: 711).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-854-8691 Pin L221 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-854-8691 Pin L221 (TTY: 711).

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 1-855-854-8691 Pin L221 (TTY: 711) 。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-854-8691 Pin L221 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-854-8691 Pin L221 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные

услуги перевода. Звоните 1-855-854-8691 Pin L221 (телетайп:711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-854-8691

(رقم هاتف الصم والبكم: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-854-8691 Pin L221 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-854-8691 Pin L221 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다1-855-854-8691 Pin L221 (TTY: 711).번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-854-8691 Pin L221 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-854-8691 Pin L221 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-854-8691 Pin L221 (TTY: 711).