

Humana Healthy Horizons® in Florida

Member's Name _____ D.O.B. _____

CONSENT FORM

RELEASE OF INFORMATION/PERMISSION FOR USE OF INFORMATION

I hereby authorize you to release and/or request medical records and/or other related information for the above named patient, and or disclosure of all or any part of the clinical record to any physician, hospital or other health treatment facility. I agree to the release and/ or request of information to individuals acting in official capacities as the named patient's advocate, representing governmental third party payors, or other health care providers involved in the care. I consent the release of Agency records to be reviewed by authorized representatives of Medicare, Medicaid and/or my private insurance company(ies) for use in determining health benefits. They may examine my personal and medical records now held by the Agency and to make machine or photographic copies of said records. I consent the review of my Agency records by any accreditation body or for any necessary audits within the Agency.

My Plan of Care has been reviewed with me by my Care Manager and I consent to the services I will be receiving.

Member's Signature _____ Date _____

(or)

Member Representative Signature _____

Relationship to Member _____ Date _____

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Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services.

Humana Inc. provides free language assistance services to people whose primary language is not English, people with disabilities or who need reasonable modifications or free auxiliary aids and services to communicate effectively with us. These services include qualified interpreters including sign language and written information in other languages and formats (large print, audio, accessible electronic formats, other formats).

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **888-998-7732 (TTY: 711)**, Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or you feel you have experienced discrimination, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **888-998-7732 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

Auxiliary aids and services, free of charge, are available to you. 888-998-7732 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern time.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

This notice is available at **[Humana.com/FloridaAccessibility](https://www.humana.com/FloridaAccessibility)**.

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan, Inc.

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Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Italiano (Italian): Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี