



Consent to Share Health Facts

Humana Healthy Horizons® Comprehensive Plan and its partners can share health facts about this person:

Name: _____
Last First

Date of birth: ____/____/____

Address: _____

City: _____ State: _____ ZIP: _____

Member ID number: _____

Group number (if you have one): _____

Phone number: _____

Humana Healthy Horizons Comprehensive Plan and its partners can share these health facts: (Please check only one box.)

- ☐ Any facts they have on file
- ☐ Only facts about this health problem or injury
- ☐ Do not want any health facts shared

Dates: _____

Dates: _____

Dates: _____

Humana Healthy Horizons Comprehensive Plan can share these health facts with this person, company, or other group:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth: ____/____/____

Email: _____

Phone number: _____

Link to member:

- ☐ Spouse
- ☐ Sibling
- ☐ Parent
- ☐ Child
- ☐ Agent/Broker
- ☐ Friend
- ☐ Group
- ☐ Other: _____

I understand:

- ☐ I have the right to take back this consent at any time. I must send a letter to do this.
- ☐ I cannot take back consent for health facts that Humana Healthy Horizons Comprehensive Plan has already shared.
- ☐ By law, Humana Healthy Horizons Comprehensive Plan can dispute a claim from my policy.
- ☐ This consent will expire in 24 months.

- Humana Healthy Horizons Comprehensive Plan cannot decide anything about treatment or payment based on whether I sign this form.
- Once I share these health facts with others, they may be able to share these facts again. Federal privacy laws may no longer protect these facts.

Signature: _____

If the member cannot sign, a legal proxy may sign:

Name: _____ Date: _____

Link to member: _____

Please note: Legal proxies must attach proof. This may include healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

After you complete this form, please fax it to: <insert fax #>

or mail it to:

Humana Healthy Horizons Administration LTC Incoming Mail
P.O. Box 14768
Lexington, KY 40512-9846

Humana Healthy Horizons Comprehensive Plan will follow the more stringent of federal and state laws and regulations.

ENGLISH: This information is available for free in other languages and formats. Please contact our Customer Service number at **888-998-7732**. If you use **TTY**, call **711**, Monday – Friday, 8 a.m. to 8 p.m.

SPANISH: Esta información está disponible gratuitamente en otros idiomas y formatos. Comuníquese con nuestro Servicio al Cliente llamando al **888-998-7732**. Si usa un **TTY**, marque **711**. El horario de atención es de lunes a viernes de 8 a.m. a 8 p.m.

CREOLE: Enfòmasyon sa a disponib gratis nan lòt lang ak fòma. Tanpri kontakte nimewo Sèvis Kliyan nou an nan **888-998-7732**. Si ou itilize **TTY**, rele **711**, Lendi - Vandredi, 8 a.m. a 8 p.m.

FRENCH: Ces informations sont disponibles gratuitement dans d'autre langues et formats. N'hésitez pas à contacter notre service client au **888-998-7732**. Si vous utilisez un appareil de télétype (**TTY**), appelez le **711** du lundi au vendredi, de 8h00 à 20h00.

ITALIAN: Queste informazioni sono disponibili gratuitamente in altre lingue e formati. La preghiamo di contattare il servizio clienti al numero **888-998-7732**. Se utilizza una telescrivente (**TTY**), chiami il numero **711** dal lunedì al venerdì tra le 8 e le 20:00.

RUSSIAN: Данную информацию можно получить бесплатно на других языках и в форматах. Для этого обратитесь в отдел обслуживания клиентов по номеру **888-998-7732**. Если Вы пользователь **TTY**, звоните по номеру **711** с понедельника по пятницу, с 8.00 до 20.00.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **888-998-7732 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **888-998-7732** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the
U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

Auxiliary aids and services, free of charge, are available to you.
888-998-7732 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **888-998-7732 (TTY: 711)**.

Español: (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **888-998-7732 (TTY: 711)**.

Kreyòl Ayisyen: (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **888-998-7732 (TTY: 711)**.

Tiếng Việt: (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **888-998-7732 (TTY: 711)**.