



Authorization to Disclose Health Information

NOTICE TO MEMBER:

- Completing this form will allow Absolute Total Care (Medicare-Medicaid Plan) to share your health information with the person or group that you identify below.
- You do not have to sign this form or give permission to share your health information.
- Your services and benefits with Absolute Total Care will not change if you do not sign this form.
- Right to cancel (revoke): If you want to cancel this authorization form, fill out the revocation form on the next page and mail it to us at the address at the bottom of the page.
- Absolute Total Care cannot promise that the person or group you allow Absolute Total Care to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. Absolute Total Care can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the page.

MEMBER INFO:

(print)

Member Name: _____

Date of Birth: _____ Member ID#: _____

I give Absolute Total Care permission to share my health information with the person or group named below. The purpose of the authorization is to help me with my Absolute Total Care benefits and services.

RECIPIENT INFO:

Name (person or group): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

ABSOLUTE TOTAL CARE CAN SHARE THIS HEALTH INFO: (CHECK ALL BOXES THAT APPLY)

- Check this box to give us permission to share your information.
- All of my health information; **OR**
- All of my health information **EXCEPT:**
 - Prescription drug/medication information
 - Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) info
 - Treatment for alcohol and/or substance abuse information
 - Behavioral health services or psychiatric care information
 - Other: _____

Authorization End Date: _____ **(date the authorization ends unless cancelled)**

Member Signature: _____

Member or Legal Representative Sign Here

Date

MAIL TO:
 Absolute Total Care
 1441 Main Street
 Suite 900
 Columbia, SC 29201

1-855-735-4398
 (TTY: 711)
 Monday - Friday
 8 a.m. to 8 p.m.

If you are signing for the member, describe your relationship below. If you are the member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship):

Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

This information is available for free in other languages. Please call our customer service number at 1-855-735-4398. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY users call 711. The call is free.

Esta información está disponible gratis en otros idiomas. Llame a nuestro número de servicio al cliente al 1-855-735-4398. El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriado federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.

Notice of Non-Discrimination. Absolute Total Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care:

- 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, accessible electronic formats, other formats).
- 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, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711). If you believe that Absolute Total Care 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 by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.

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, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If your primary language is not English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-855-735-4398 (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်ကၢ်-ဖဲန့ၣ်တၢ်တၢ်အဲးကလံးအကိၣ်ဘၣ်န့ၣ်,ကိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢန့ၣ်လၢတလိၣ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။

ATENÇÃO: Se você fala português, os serviços gratuitos de assistência no idioma estão disponíveis para você. Ligue 1-855-735-4398 (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。請電1-855-735-4398 (TTY : 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).