

Designation for personal representative request

Dear Member Name,

A dependent on your policy is over the age of 18. This form allows someone other than the dependent to communicate with us about the dependent's Protected Health Information. The Personal Representative is usually a family member or someone close to the dependent.

If you have Court Appointed Legal Guardianship papers or a notarized Durable Medical Power of Attorney, please send them along with this Personal Representative Form.

Send all documents to Colorado HIBI by fax or mail

Fax: (855) 226-4424

Mail: Colorado HIBI Program

225 East John Carpenter Freeway

Suite 500

Irving, TX 75062

If you have any questions or concerns, please contact our office at (855) MyCOHIBI (855-692-6442) or by email at MyCOHIBICustomerService@GainwellTechnologies.com.

Sincerely,
Your HIBI Team



HIBI Case Number : _____

Department of Health Care Policy & Financing DESIGNATION OF PERSONAL REPRESENTATIVE

To allow a family member, other relative, or a close personal friend to have access to protected information

I, _____ (Print name of client), name and appoint
_____ (Print name of representative), to serve as my Designated
Personal Representative.

I understand that my Designated Personal Representative will have access to information about me that is created by or on behalf of the Colorado Department of Health Care Policy and Financing, and that this information can include Protected Health Information. My Designated Personal Representative is to be provided information about me, on my behalf, in order to assist me as I request of him/her.

I understand that my Designated Personal Representative may disclose my information to a third party, and that the State Department has no control over that additional disclosure and cannot protect the information after it is provided to my Designated Personal Representative.

I understand that I may revoke this Designation at any time by writing to the address below, and that this Designation will not expire unless and until I actively revoke it.

I understand that my health care treatment or payment, or my enrollment or eligibility for benefits cannot be conditioned on my designating or not designating a Designated Personal Representative.

I understand that this executed form does NOT allow for the release of any information concerning drug abuse, alcohol abuse, psychological or psychiatric conditions or treatment or psychotherapy notes, HIV/AIDS testing or status, abortion, or sexually transmitted disease, if any.

I understand that I may limit the amount of information my Designated Personal Representative is given access to. I choose to limit the access My Designated Personal Representative named above has to the following information:

*****Please include a copy of client's Medicaid card, a copy of Driver's License, State ID card, or equivalents for both the client and Designated Personal Representative, and any available documentation providing legal authority.**

Client signature: _____ Date: _____

Parent or Legal Guardian may sign on behalf of minor child.

Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult – documentation is required.

Client Date of birth: _____

Member/Client ID #, or Social Security #: _____

Used for identity verification purposes only

Designated Personal Representative signature: _____

Designated Personal Representative relationship to Client: _____

Designated Personal Representative phone number: _____

Designated Personal Representative email address: _____

Return Completed Form To: Mailing Address: 5615 High Point Dr, Irving, TX 75038

Or fax forms to: (855)226- 4424

Phone: (855) MyCOHIBI or (855)692- 6442 | Monday to Friday, 8 a.m. to 5 p.m. Mountain Standard Time

Fax: (855)226- 4424 | Website: www.MyCOHIBI.com | Email: MyCOHIBICustomerService@GainwellTechnologies.com

HMS Holdings Corp. complies with applicable federal and state civil rights laws and does not discriminate against any individual based on race, color, national origin (including limited English proficiency and primary language), ancestry, age, sex (including pregnancy and sex characteristics), sexual orientation, gender identity, gender expression, religion, creed, marital status, or disability. HMS Holdings Corp. does not discriminate in employment, admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities.

Upon request, HMS Holdings Corp. provides individuals with the following in a timely manner and free of charge:

Language assistance services: HMS Holdings Corp. will take reasonable steps to provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, services and activities. Language assistance services may include:

- Electronic and written translated documents
- Qualified interpreters
- Qualified bilingual/multilingual staff

Appropriate auxiliary aids and services: HMS Holdings Corp. will take reasonable steps to provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:

- Qualified interpreters, including American Sign Language interpreters
- Video remote interpreting
- Information in alternate formats (including but not limited to large print, braille, and accessible electronic formats)

Reasonable accommodations: HMS Holdings Corp. will provide reasonable accommodations upon request for qualified individuals with disabilities, unless it creates an undue hardship and when necessary to ensure accessibility and equal opportunity to participate in our programs, services and activities.

If an individual believes that HMS Holdings Corp. has failed to provide services upon request or discriminated against based on a protected class, may report the issue to HMS Holdings Corp Compliance and Ethics Department by email, online, or hotline, and/or file a grievance with the Civil Rights Officer by mail, phone, fax, or email within 60 days of the incident. The Civil Rights Officer can also help file the grievance. Complaint forms are available at hcpf.colorado.gov/americans-disabilities-act.

HMS Holdings Corp. does not retaliate against individuals who:

- Request language assistance, auxiliary aids or services, or reasonable accommodation.
- File a complaint about failure to provide services or discrimination.
- Participate in an investigation into a discrimination or failure to provide services complaint.

Language assistance services are available on the standard HMS HIBI line at (855) 692-6442. If further assistance is needed, or to file a grievance, you may contact the HMS Compliance and Ethics Department in the following ways:

- By Email: compliance@gainwelltechnologies.com
- By Phone: 1-833-331-1349
- Or Submit an online report at www.gainwelltechnologies.ethicspoint.com

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights:

Electronically: ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Via mail:

Office for Civil Rights
U.S. Department of Health and Human Services
1961 Stout Street, Rooms 08-148
Denver, CO 80294

Learn more at hcpf.colorado.gov

HMS Holdings Corp. cumple con las leyes federales y estatales de derechos civiles aplicables y no discrimina a ninguna persona por motivos de raza, color, origen nacional (incluido el conocimiento limitado del inglés y el idioma principal), ascendencia, edad, sexo (incluido el embarazo y las características sexuales), orientación sexual, identidad de género, expresión de género, religión, credo, estado civil o discapacidad. HMS Holdings Corp. no discrimina para el empleo, la admisión, el acceso, el tratamiento o la participación, ni en la recepción de los servicios y beneficios de ninguno de sus programas, servicios y actividades.

Prevía solicitud, HMS Holdings Corp. proporciona a las personas lo siguiente de forma oportuna y gratuita:

Servicios de asistencia lingüística: HMS Holdings Corp. tomará las medidas razonables para proporcionará servicios de Asistencia lingüística a las personas con conocimientos limitados de inglés (incluidos los acompañantes de las personas con conocimientos limitados de inglés) para garantizar un acceso significativo a nuestros programas, servicios y actividades. Los servicios de asistencia lingüística pueden incluir:

- Documentos electrónicos y escritos traducidos
- Intérpretes calificados
- Personal calificado bilingüe/multilingüe

Ayudas y servicios auxiliares adecuados: HMS Holdings Corp. tomará las medidas razonables para proporcionará ayudas y servicios auxiliares adecuados a las personas con discapacidad (incluyendo a los acompañantes de las personas con discapacidad) para garantizar una comunicación eficaz. Las ayudas y servicios auxiliares adecuados pueden incluir:

- Intérpretes calificados, incluidos los intérpretes de lengua de señas americana
- Interpretación remota por video
- Información en formatos alternos (incluido, pero no limitado a letra grande, braille y formatos electrónicos accesibles)

Adaptaciones razonables: HMS Holdings Corp. proporcionará adaptaciones razonables a las personas calificadas con discapacidad, a menos que esto suponga una dificultad excesiva y cuando sea necesario para garantizar la accesibilidad y la igualdad de oportunidades para participar en nuestros programas, servicios y actividades.

Si una persona cree que la HMS Holdings Corp. no le ha prestado estos servicios solicitados o le ha sido discriminada por pertenecer a una clase protegida, puede denunciar el problema al Departamento de Cumplimiento y Ética de HMS Holdings Corp. por correo electrónico o teléfono, y presentar una queja ante por correo postal, teléfono, fax o correo electrónico un plazo de 60 días a partir del incidente. El Oficial de Derechos Civiles también puede ayudar a presentar la queja. Los formularios de queja están disponibles en hcpf.colorado.gov/americans-disabilities-act.

HMS Holdings Corp. no toma represalias contra las personas que:

- Solicitan asistencia con el idioma, ayudas o servicios auxiliares, o adaptaciones razonables.
- Presentan una queja por falta de prestación de servicios o discriminación.

- Participan en una investigación sobre una queja por discriminación o falta de prestación de servicios.

Los servicios de asistencia lingüística están disponibles en la línea regular de HMS HIBI al (855) 692-6442. Si necesita más ayuda o para presentar una queja, puede comunicarse con el Departamento de Cumplimiento y Ética de HMS de las siguientes maneras:

- Por correo electrónico: compliance@gainwelltechnologies.com
- Por teléfono: 1-833-331-1349
- O presente una denuncia en línea en www.gainwelltechnologies.ethicspoint.com

Las quejas sobre derechos civiles también pueden presentarse ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU.:

Via Electrónica: ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Via correo:

Oficina de Derechos Civiles
Departamento de Salud y Servicios Humanos de EE.UU
1961 Stout Street, Rooms 08-148
Denver, CO 80294

Mas información en hcpf.colorado.gov

Free help in your language

English ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.

Español ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

中文 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具 和服务，以无障碍格式提供信息。

Việt LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.

한국어 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.

Français ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.

Русский ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.

አማርኛ ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። ሙረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ።

Soomaali FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa.

لتوفير مناسبة وخدمات. َّ العربية مساعدة وسائل تتوفر كما. المجانية اللغوية المساعدة خدمات لك فستتوفر ،العربية اللغة تتحدث كنت إذا: تنبيه
مجان إليها الوصول يمكن بتنسيقات المعلومات

Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung.

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و فارسی خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالبهای قابل دسترس، بهطور رایگان موجود میباشند.

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format.

नेपाल सावधान: यद् तपाईं नेपाल भाषा बोल्नु हुन्छ भने तपाईंका लागि नःशुल्क भाषक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नःशुल्क उपलब्ध छन्।

POLSKI UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie.

日本語 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。