

2021 ACO CONSENT FORM

! Complete and return this form if you do NOT want Medica and your accountable care organization (provider) to share your information with each other.

Please note:

- If you are the subscriber (the person who is issued the policy), your decision applies to yourself and any dependents under age 12.
- Covered family members age 12 or older who don't want their information shared between Medica and the provider should each provide their information and sign below.
- Your signature is valid for 12 months from the date you sign this form.

Return completed form to:
 Medica
 PO Box 9310, CP 340
 Minneapolis, MN 55440-9310

SECTION

A PLAN INFORMATION

! Please PRINT CLEARLY with blue or black ink.

Care type*:

Group/policy number*:

ID*:

*This information appears on the front of your Medica ID card.

SECTION

B MEMBER INFORMATION

! By signing below, I indicate I do NOT want my information shared between Medica and my provider.

1 First name Middle initial Last name

1 Birthdate (mm/dd/yy) Email address

Signature Date

X

2 First name Middle initial Last name

2 Birthdate (mm/dd/yy) Email address


Signature Date

X

3	First name	Middle initial	Last name
	Birthdate (mm/dd/yy)	Email address	
	Signature		Date
X			

4	First name	Middle initial	Last name
	Birthdate (mm/dd/yy)	Email address	
	Signature		Date
X			

5	First name	Middle initial	Last name
	Birthdate (mm/dd/yy)	Email address	
	Signature		Date

 **Note:** Your signature is valid for 12 months from the date you sign this form.

If you need more space, please use another piece of paper to provide additional information for each member.

How we share information with your providers

One of the unique features of an accountable care organization (ACO) plan is how Medica works with your provider to coordinate your health care. By sharing member information with each other, Medica and your ACO can help you get the care you need and deliver programs and services to help you get and stay healthy.

Medica and your ACO will share information about health services you receive from providers in the ACO network as well as providers outside the ACO network. The sharing excludes alcohol and drug abuse treatment records. Information sharing will occur automatically – **you don't need to take any action.** You can, however, choose NOT to have your information shared by completing this form.



Mail Route CP340, PO Box 9310, Minneapolis, MN 55440-9310

© 2020 Medica. Medica® is a registered service mark of Medica Health Plans. “Medica” refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats (large print, audio, 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, call the number included in this document or on the back of your Medica ID card. If you believe that Medica 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: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, civilrightscoordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

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, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的 Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

နမူနာအဖြစ် တစ်ကိစ္စထဲစာကလိနစ်နဲ့တစ်ကိစ္စအားလုံးအကလိနစ်၊ ကိစ္စလိပ်စာစီရင်ကိစ္စအားလုံးအကလိနစ်၊ လုပ်ငန်းစဉ်အားလုံးအကလိနစ်၊ မှတ်ပုံတင်ဖုန်းနံပါတ်အားလုံးအကလိနစ်၊ အဖွဲ့အစည်းအကလိနစ်တို့ကို ယှဉ်လျာလိတ်တိုက်မိအဖွဲ့အစည်းမှတ်ပုံတင်ဖုန်းနံပါတ်အားလုံးအကလိနစ်အဖွဲ့အစည်းအကလိနစ်တို့ကို။

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng Medica ID.

ይህን መረጃ ለመተርጎም ነጻ እርዳታ የሚፈልጉ ከሆነ በዝ ህ ሰነድ ውስጥ ያለውን ቁጥር ወይም Medica መታወቂያ ኮርድ ስለተጀርባ ያለውን ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poledini svoje ID kartice Medica.

Díí t'áá jíík'e shá ata' hodoonih nínízingo éí ninaaltsoos Medica bee néího' d'ilziniígí bine'déé' námbuu biká'ígíjii' béésh bee hodíilnih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

COMIFB-0119-M



Mail Route CP340, PO Box 9310, Minneapolis, MN 55440-9310

© 2020 Medica. Medica® is a registered service mark of Medica Health Plans. "Medica" refers to the family of health services companies that includes Medica Health Plans, Medica Community Health Plan, Medica Insurance Company, Medica Self-Insured, MMSI, Inc. d/b/a Medica Health Plan Solutions, Medica Health Management, LLC and the Medica Foundation.