



PO Box 9310  
Minneapolis, MN 55440-9310  
952-992-2900

## 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 includes 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. Or by calling Medica Customer Service at the number on the back of your Medica ID card or **952-945-8000** or **1 (800) 952-3455**. Please note you will continue to receive communications directly from Medica or your ACO providers regarding the management of your care. This form only pertains to information sharing between Medica and your ACO providers.

***Only complete the following if you do NOT want Medica and your ACO to share information with each other.***

### **Please note:**

- If you are the plan subscriber (the person enrolled in the plan through your employer), your decision applies to yourself and any dependents under age 13.
- Covered family members, age 13 or older, who don't want their information shared between Medica and the ACO should each provide their specific information and sign below.
- Your signature is valid for 12 months from the date you sign this form.

### **Plan information**

ACO (plan) name: \_\_\_\_\_

Employer name: \_\_\_\_\_

Group or policy number\* (if known): \_\_\_\_\_

Nine-digit Medica ID number\* (if known): \_\_\_\_\_

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

*Continued on reverse*

**Member #1** By signing below, I indicate I do NOT want my information shared between Medica and my ACO.

Member #1's name (First and Last) *please print*: \_\_\_\_\_

Member #1's date of birth: \_\_\_\_\_

Member #1's email address: \_\_\_\_\_

Member #1's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Member #2** By signing below, I indicate I do NOT want my information shared between Medica and my ACO.

Member #2's name (First and Last) *please print*: \_\_\_\_\_

Member #2's date of birth: \_\_\_\_\_

Member #2's email address: \_\_\_\_\_

Member #2's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Member #3** By signing below, I indicate I do NOT want my information shared between Medica and my ACO.

Member #3's name (First and Last) *please print*: \_\_\_\_\_

Member #3's date of birth: \_\_\_\_\_

Member #3's email address: \_\_\_\_\_

Member #3's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Return to:**

**Medica**

**PO Box 9310, CP 217**

**Minneapolis, MN 55440-9310**

## 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](mailto: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 document, call 1-800-952-3455.

Si desea recibir asistencia gratuita para la traducción de este documento, llame al 1-800-952-3455.

Yog koj xav tau kev pab dawb txhais daim ntauv no, hu rau 1-800-952-3455.

如果您需要我們免費幫您翻譯此文件，請致電 1-800-952-3455。

Nếu quý vị muốn giúp dịch tài liệu này miễn phí, gọi 1-800-952-3455.

Sanadnikun kaffaltiimaleeakkaisiniifhiikamuyoobarbaadd-an 1-800-952-3455 tiinbililaa.

إذا كنت ترغب في مساعدة مجانية لترجمة هذا المستند، فاتصل على الرقم 1-800-952-3455.

Если вы хотите получить бесплатную помощь в переводе этого документа, позвоните по телефону 1-800-952-3455.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອຟຣີໃນການແປເອກະສານນີ້, ໃຫ້ໂທຫາ 1-800-952-3455.

이 문서를 번역하는 데 무료로 도움을 받고 싶으시면 1-800-952-3455로 전화하십시오.

Si vous désirez obtenir gratuitement de l'aide pour traduire ce document, appelez le 1 800 952 3455.

နမ့်ၤလိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကွဲးကျိၣ်ထံၣ်လံာ်အံၤအသိၤ, ကိး 1-800-952-3455.

Kung nais mo ng libreng tulong sa pagsasalin ng dokumentong ito, tumawag sa 1-800-952-3455.

ይህን ሰነድ ለመተርጎም ነጻ እርዳታ ከፈለጉ በ 1-800-952-3455 ይደውሉ።

Ako želite besplatnu pomoć za prijevod ovog dokumenta, nazovite 1-800-952-3455.

T'áá jiik'é díí naaltsoos t'áá nizaadk'ehjí bee shí ká'adoowol ninízingo kojí' hodílnih, 1-800-952-3455.

Wenn Sie kostenlose Hilfe zur Übersetzung dieses Dokuments wünschen, rufen Sie 1-800-952-3455 an.