



APPOINTMENT OF REPRESENTATIVE

Date:

Member number:

Name:

Reference/Case number:

PART 1 --- APPOINTMENT OF REPRESENTATIVE (to be filled out by member)

I allow _____ to act for me when filing a grievance, claim or appeal.
(Name of person you want as your representative)

The person I have named can act for me when giving or receiving any information about my grievance, claim or appeal. This includes personal medical information.

Member:	Date:
Street Address:	Phone (with area code):
City:	State: ZIP Code:

PART 2 --- ACCEPTANCE OF APPOINTMENT (to be filled out by Representative)

I, _____ accept the appointment. I will act on behalf of the
(Name of person who will be member's representative) member to file a grievance, claim or appeal.

Relationship to Member: (Must be 18 or older)	
Representative Signature:	Date:
Street Address:	Telephone (with area code):
City:	State: ZIP Code:



This authorization is good for one year from the date you sign this form unless you tell us the following:

Date: ____/____/____ or Event: _____
Month Day Year

Part 3 ---YOUR INDIVIDUAL RIGHTS (Please read):

I understand that:

- I do not have to sign this form.
- I can cancel this form by writing to <Health Plan> at the address below. If I cancel, it will not include the information that was already disclosed.
- Once my protected health information is disclosed to the person or organization I named in **Part 1** of this form, the information in their possession may no longer be protected by privacy laws.

Please fill out this form. Mail, fax or deliver it to the address below:

'Ohana Health Plan

949 Kamokila Blvd. Suite 350 Kapolei, HI 96707

Fax: 888-361-0713

Member Signature: _____ Date: _____



'Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

'Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

'Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-888-846-4262 (TTY 1-877-247-6272).

If you believe that 'Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

'Ohana Health Plan
Attn: Grievance Department
949 Kamokila Boulevard
Suite 350
Kapolei, HI 96707
Toll-free: 1-888-846-4262
TDD/TTY: 1-877-247-6272
Fax: 1-813-865-6861

You can file a grievance in person or by mail or fax. If you need help filing a grievance we are available to help you. Call Customer Service toll-free at 1-888-846-4262 (TTY: 1-877-247-6272).

You can also file a grievance 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
1-800-368-1019, 800-537-7697 (TDD)

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



(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **1-877-247-6272**).

(Cantonese) 您需要其它語言嗎? 如有需要, 請致電 **1-888-846-4262**, 我們會提供免費翻譯服務 (TTY: **1-877-247-6272**)。

(Chuukese) En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kori **1-888-846-4262** (TTY: **1-877-247-6272**).

(French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le **1-888-846-4262** (TTY: **1-877-247-6272**).

(German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter **1-888-846-4262** (TTY: **1-877-247-6272**).

(Hawaiian) Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona iā **1-888-846-4262** `oe ia la kua a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: **1-877-247-6272**).

(Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awagan ti **1-888-846-4262** (TTY: **1-877-247-6272**).

(Japanese) 貴方は、他の言語に、助けを必要としていますか? 私たちは、貴方のために、無料で通訳を用意できます。 **1-888-846-4262** (TTY: **1-877-247-6272**) まで、お電話にてご連絡ください。

(Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. **1-888-846-4262** (TTY: **1-877-247-6272**) 번으로 전화해 주십시오.

(Mandarin) 您需要其它语言吗? 如有需要, 请致电**1-888-846-4262**, 我们会提供免费翻译服务 (TTY: **1-877-247-6272**)。

(Marshallese) Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kaalok **1-888-846-4262** (TTY: **1-877-247-6272**).

(Samoan) E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Telefoni mai: **1-888-846-4262** (TTY: **1-877-247-6272**).

(Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al **1-888-846-4262** (TTY: **1-877-247-6272**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **1-877-247-6272**).

(Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni mai **1-888-846-4262** (TTY: **1-877-247-6272**).

(Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi số **1-888-846-4262** (TTY: **1-877-247-6272**).

(Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa **1-888-846-4262** (TTY: **1-877-247-6272**).