



PO Box 31368
Tampa, FL 33631-3368

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
(Name of person you want as your representative)
grievance, claim or appeal.

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

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

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

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

Relationship to Member: (Must be age 18 or older.)	
Representative Signature:	Date:

Street Address:	Telephone (with area code):
City:	State: ZIP Code:

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

End 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 Harmony 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 this form to the address below:

Harmony Health Plan
P.O. Box 31368
Tampa, FL 33631-3368
Fax: **866-201-0657**

Member Signature: _____ Date: _____

Discrimination is Against the Law

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

Harmony 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, Braille, accessible electronic formats, other formats)
- 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 Harmony Member Services at **1-800-608-8158** (TTY: **1-877-650-0952**), Monday – Friday from 8 a.m. to 5 p.m., for help or you can ask Member Services to put you in touch with a Civil Rights Coordinator who works for Harmony Health Plan.

If you believe that Harmony Health Plan 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:

Harmony Health Plan, Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone **1-866-530-9491**; TTY number **1-877-247-6272**; Fax: **1-866-388-1769**; **OperationalGrievance@wellcare.com**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Harmony Civil Rights Coordinator 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, 800-537-7697** (TDD).

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-608-8158** (TTY: **1-877-650-0952**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-608-8158** (TTY: **1-877-650-0952**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-608-8158** (TTY: **1-877-650-0952**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-608-8158** (TTY: **1-877-650-0952**)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-608-8158** (TTY: **1-877-650-0952**) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-608-8158** (TTY: **1-877-650-0952**).

1-مقرب لصتا. ناجملاب لكل رفاوتت ةيوعلل ادعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم **1-800-608-8158** (مكبل او مصلا فتاه مقر) **1-877-650-0952**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-608-8158** (TTY: **1-877-650-0952**).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-608-8158** (TTY: **1-877-650-0952**).

یوں لاک۔ یں ہاےتسد یم تفم تامدخ یک دم یک نابز وک پآ وت، ےتلوب ودرا پآ رگا: رادربخ **1-800-608-8158** (TTY: **1-877-650-0952**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-608-8158** (TTY: **1-877-650-0952**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-608-8158** (TTY: **1-877-650-0952**).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-608-8158** (TTY: **1-877-650-0952**) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-608-8158** (TTY: **1-877-650-0952**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-608-8158** (TTY: **1-877-650-0952**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-608-8158** (TTY: **1-877-650-0952**).