

**Authorization to Use or Disclose Personally Identifiable Information
for Certified Application Counselor Assistance**

5. Specific Consent for Use of Personally Identifiable Information (please initial each box if you agree to the use and/or disclosure of your information as described in the paragraph)

- I also permit Center to create, collect, access, maintain, store and/or use the information selected below for the purpose of following up with me by the end of the applicable coverage year to learn whether I would like help with re-enrolling in Marketplace coverage and/or insurance affordability programs and/or other economic assistance programs.
- I also permit Center to create, collect, disclose, access, maintain, store and/or use the information selected below for the purpose of contacting me to ask whether I am interested in sharing my program application and enrollment experience with the general public in connection with various marketing and outreach activities. I understand that Center is a member of Health Center Association of Nebraska ("HCAN") and may disclose the information to HCAN, its subsidiaries, licensees, successors and assigns for this purpose. I understand that information disclosed pursuant to this Authorization may no longer be protected by federal medical privacy law and could be re-disclosed by the person who receives it.

<input type="checkbox"/> First and last name	<input type="checkbox"/> Age	<input type="checkbox"/> Primary phone number	<input type="checkbox"/> Address
<input type="checkbox"/> E-mail address	<input type="checkbox"/> Enrollment decision (e.g. plan/program selection and enrollment)		
<input type="checkbox"/> Other information (please describe):			

- If I give my contact information when signing this form, my general consent includes permission for Center to follow up with me about applying for or enrolling in coverage after my first meeting with them.
- I understand that once I have signed this authorization form, I can expect Center, including the individual CACs who are certified by Center, to help me without asking me to sign another authorization form.
- I understand that I can revoke, limit or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying Center at 402-562-8962.
- I understand that Center will keep a signed copy of this form and that I may request a copy as well.

This authorization will end six years from the date the form is signed unless I indicate a different date or event here: Date: ____ / ____ / ____ Or Specific Event:	
Consumer's Printed Name:	
Consumer's Signature:	Date:
Or Legally Authorized Representative's Signature:	Date:
Representative's Relationship to Consumer (e.g. guardian, etc.):	

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1. Consumer Information (all fields are optional)

First Name:	M.I.:	Last Name:
Date of Birth: ____/____/____	E-mail address:	
Primary phone: (____) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Other		
Home address:		
City:	State:	Zip Code:

2. Certified Application Counselor (“CAC”) Information

Name: Cierra Olson
Certification Number: NECACA0200012

3. CAC Roles and Responsibilities/Language Assistance

- The CAC listed above is certified by East-Central District Health Department (“Center”), a CAC designated organization. I have been informed about and understand the roles and responsibilities of a CAC (listed on the attached form) and have been given the opportunity to ask questions.

4. General Consent for Use of Personally Identifiable Information

- By signing this form, I give my permission to Center, including the individual CACs who are certified by Center, to create, collect, access, maintain, store, and/or use my personally identifiable information (“PII”), including but not limited to my name, phone number, email address, home address, immigration status, income, and household size information in order to carry out the duties of a CAC.
- I understand that Center might need to create, collect, access, maintain, store, and/or use some of my PII in order to provide this assistance. I understand that I may refuse to sign this form and that Center cannot deny or refuse to provide treatment or services if I refuse to sign, except that Center may not be able to provide certain CAC-related services to me, such as follow-up services, if I do not authorize Center to keep and use my contact information.
- I understand that I do **not** have to provide Center with any information that I do not want to provide. However, the help Center provides me is based only on the information I give. If the information I give is inaccurate or incomplete, Center may not be able to offer all of the help that is available to me.
- Center will make sure that my PII is kept private and secure and will comply with the privacy and information security standards that apply to Center.

Attachment
CAC Roles and Responsibilities

12. **Privacy and security.** Center or CAC must comply with Marketplace standards for keeping my PII private and secure, must obtain my consent before accessing my PII, and must permit me to revoke my consent at any time.
13. **Free service.** Center or CAC will not charge me a fee for any help provided.
14. **Conflicts of interest.** Center or CAC does not receive any funding or payments from any health or stop-loss insurance issuer in connection with the enrollment of any individuals in a QHP or a non-QHP and will inform me of any conflicts of interest they might have.
15. **CAC compensation.** Beginning on November 15, 2014, Center or CAC won't be paid by Center based on the number of applications they help complete, based on the number of people they help, or based on the number of enrollments they help complete.
16. **No gifts.** Center or CAC won't give me any gifts (including gift cards or cash) that are over \$15 in value, or give me things that market or promote the products or services of another individual or business, as a way to persuade me to enroll in health coverage. Center or CAC is permitted—but not required—to provide me gifts, gift cards, or cash that are over \$15 in value to reimburse me for things I might have to buy or pay for in order to get application assistance from Center or CAC (such as travel or mailing expenses).
17. **Door-to-door solicitation.** Center or CAC is not allowed to contact consumers to provide application or enrollment help by going door-to-door or otherwise contacting persons who have not already asked for help, unless Center or CAC already has a relationship with a consumer, but Center or CAC can go door-to-door or contact persons who have not already asked for help when providing general outreach and education to the public. Because I have a relationship with Center/CAC, Center or CAC is allowed to come to my door and/or to call me directly to provide application or enrollment help, so long as Center or CAC follows other laws that might apply to that activity.
18. **Telephone contact.** Center or CAC is not allowed to make “robo-calls” to consumers (by using an automatic dialing system or pre-recorded or artificial voice) unless Center or CAC already has a relationship with the consumer. Because I have a relationship with Center/CAC, Center or CAC is permitted to contact me using “robo-calls” so long as Center or CAC follows other laws that might apply to that activity.
19. **State and local law.** Center or CAC must also meet any applicable state and local requirements when providing services to me.

Attachment
CAC Roles and Responsibilities

1. **Fully informed decision-making assistance.** Center or CAC must tell me about the full range of qualified health plan (QHP) options and insurance affordability programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping me make informed decisions during the health coverage selection process.
2. **Application assistance.** Center or CAC must help me to apply for health coverage through the Marketplace, if I want that help.
3. **Enrollment assistance.** Center or CAC must help me to enroll in a QHP, if I want that help, but Center or CAC can't and won't choose a plan for me.
4. **Designated center.** Center is designated by the Marketplace to certify individuals to act as CACs after showing that it meets all required standards and must follow the terms of its agreement with the Marketplace.
5. **Certified counselors.** All individuals who help me have been certified by Center to help consumers after showing that they meet all required standards and must follow the terms of their agreements with Center. If I have a concern about the help provided by any of these individuals I should contact 402-562-8962.
6. **Trained counselors.** All CAC individuals who help me must complete and receive a passing score in a Marketplace-approved training course before providing help to consumers, and must take additional training every year before being recertified by the organization to continue helping consumers.
7. **Best interests.** Center or CAC must act in my best interests.
8. **Non-discrimination.** Center or CAC won't discriminate against me based on my race, color, national origin, disability, age, sex, gender identity, or sexual orientation. If Center or CAC receives federal funds to provide services to a specific population (such as a Ryan White HIV/AIDS program or an Indian health provider), it may limit their services to that population, as long as they don't discriminate within that specific population.
9. **Language assistance.** I understand that the Center and its CACs are not required to help me in a language I understand under the CAC program rules, but may be required by other federal, state, or local laws to provide these services to me. If the CAC does not have the resources or skills to help me right away in a language I understand, he or she will refer me to a Marketplace Navigator or in-person assistance personnel, or to the federal Marketplace Call Center, who can meet my specific needs sooner. If the CAC needs to refer me to another source of help, he or she will refer me to the source that is easiest for me to access. I understand that the CAC might need to share my contact information and information about my needs with possible referral sources in order to help me.
10. **Disability accessible services.** Center or CAC must ensure that tools and help provided are accessible and usable for me if I have disabilities. If Center or CAC can't provide me with my accessibility needs, Center or CAC will refer me to a Marketplace Navigator or in-person assistance personnel, or the federal Marketplace Call Center, who can meet my specific needs.
11. **CAC program information.** Center or CAC must provide me with information about the roles and responsibilities of CACs, including through this form.