

Community Healthcare Center (TXCDOA19)
200 MLK Jr. Blvd.
Wichita Falls, Texas 76301
(940)766-6306
info@chcwf.com

CAC Name: _____

CAC ID#: _____

I. Acknowledgement of Roles and Responsibilities of CACs (see Attachment A)

I have been informed about and understand the CAC roles and responsibilities set forth on Attachment A, and have been given the opportunity to discuss them with Community Healthcare Center’s Certified Application Counselor.

II. Definitions and Explanations of Terms Used in This Form

In this authorization form:

- The words “I,” “me,” or “my” include my authorized representative if I have one.
- Personally identifiable information is called “PII.” Examples of my PII include, but are not limited to my name, phone number, email address, home address, immigration status, income, and household size information.
- Health plans available through the Marketplace are called Qualified Health Plans or “QHPs.”
- Other programs called “insurance affordability programs” are also available through the Marketplace. These programs can help me or my family pay for health coverage, and include public programs, such as Medicaid or the Children’s Health Insurance Program (CHIP), premium tax credits, cost-sharing reductions, and, if one is available in my state, the Basic Health Program.

III. Authorizations

a. General Consent

I, _____, give my permission to Community Healthcare Center, including the individual CACs who are certified by this CAC designated organization, to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a CAC that are authorized by federal regulation and generally summarized in Attachment A, unless I have limited that consent as set forth in this document. I understand that Community Healthcare Center might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance. The roles and responsibilities of a CAC include but are not limited to the following:

1. Telling me about the full range of 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. I understand that Community Healthcare Center might need to ask about and keep notes on my health coverage needs in order to help me.
2. Helping me to apply for health coverage through the Marketplace.

3. Helping me to enroll in a QHP and/or insurance affordability program.
4. Ensuring that information provided is accessible for me if I have disabilities. If Community Healthcare Center can't provide me with my accessibility needs, Community Healthcare Center must refer me to a Marketplace Navigator, or the federal Marketplace Call Center, who can meet my specific needs. I understand that Community Healthcare Center might need to ask about and keep notes on any supports and services I need and might need to disclose my information to other assisters in order to help me.
5. Providing me with this form and storing a signed copy of it.

I also understand that Community Healthcare Center may be required to create, collect, handle, disclose, access, maintain, store, and/or use my PII to carry out activities required under state law or regulation.

IV. Exceptions or Limitations to Consent

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 Community Healthcare Center. I make the following exceptions, limitations, or changes:

V. Additional Information

I understand that:

1. I don't have to provide Community Healthcare Center with any information that I do not want to provide. However, the help Community Healthcare Center provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Community Healthcare Center may not be able to offer all the help that is available for my situation.
2. Community Healthcare Center should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. Community Healthcare Center must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Community Healthcare Center must follow the privacy and information security standards that apply to them.
4. If I give my contact information when signing this form, my general consent includes permission for Community Healthcare Center to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. Once I have signed this authorization form, I can expect Community Healthcare Center to help me without asking me to sign another authorization form.
6. Community Healthcare Center should provide me with a copy of my Authorization Form and Attachment A, once complete.

Please complete, sign, and date the form:

| | |
|---|---|
| Signature: _____ Date: _____ | |
| Consumer/Consumer's Legal or Marketplace Authorized Representative Signature. Circle one of these to show if you are the consumer or the consumer's representative. PLEASE NOTE: Consumers may sign this consent form themselves, or may choose to have a legal or Marketplace Authorized Representative sign it. | |
| _____ | _____ |
| Printed Consumer Name | Printed Authorized Representative Name (if applicable) |
| Ways I agree to be contacted (optional): | |
| ___ By mail or in-person at _____ | |
| ___ By phone at _____ (XXX) XXX-XXXX | |
| This is a wireless phone (circle one): Y N | |

Attachment A: Roles and Responsibilities of Certified Application Counselors (CACs)

1. Community Healthcare Center 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. Community Healthcare Center must help me to apply for health coverage through the Marketplace, if I want that help.
3. Community Healthcare Center must help me to enroll in a QHP and/or insurance affordability program, if I want that help, but Community Healthcare Center is not allowed to choose a plan for me.
4. Community Healthcare 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. All CAC individuals who help me must be certified by Community Healthcare Center to help consumers after showing that they meet all required standards and must follow the terms of their agreements with Community Healthcare Center. If I have a concern about the help provided by any of these individuals I should contact Community Healthcare Center's Director of Outreach and Marketing at (940)397-2599 or dpreston@chcwf.com.
6. 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. Community Healthcare Center must act in my best interests.
8. Community Healthcare Center is not allowed to discriminate against me based on my race, color, national origin, disability, age, sex, gender identity, or sexual orientation. If Community Healthcare Center 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 its services to that population, as long as it doesn't discriminate within that specific population.
9. Community Healthcare Center must ensure that information provided is accessible to me if I have disabilities. If Community Healthcare Center can't meet my accessibility needs, Community Healthcare Center must refer me to a Marketplace Navigator, or the federal Marketplace Call Center, who can meet my specific needs.
10. Community Healthcare Center must provide me with general information about the roles and responsibilities of CACs, including through this form.
11. CACs, including those who are certified by Community Healthcare Center, are not acting as tax advisers or attorneys when providing assistance as CACs and cannot provide tax or legal advice within their capacity as CACs.
12. Community Healthcare Center 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. Community Healthcare Center is not allowed to charge me a fee for any help provided while acting as a CAC.
14. Community Healthcare Center and any CAC who helps me, is not allowed to receive any consideration directly or indirectly from any health or stop-loss insurance issuer in connection

with the enrollment of any individuals in a QHP or a non-QHP and must inform me of any conflicts of interest they might have.

15. Community Healthcare Center is not allowed to pay individual CACs 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. Community Healthcare Center is not allowed to give me gifts of any value, including gift cards, cash cards, cash, or things that market or promote the products or services of another individual or business.
17. Community Healthcare Center 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 Community Healthcare Center already has a relationship with a consumer, but Community Healthcare Center 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 Community Healthcare Center, Community Healthcare Center is allowed to come to my door and/or to call me directly to provide application or enrollment help, so long as Community Healthcare Center follows other laws that might apply to that activity.
18. Community Healthcare Center must also meet any applicable state and local requirements when providing services to me.

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

Community Healthcare Center:

- 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)
- 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 Vicki Johnson, Civil Rights Coordinator.

If you believe that Community Healthcare 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: Vicki Johnson, Civil Rights Coordinator, P.O. Box 720, Wichita Falls, Texas 76307, (940) 397-2621, FAX (940) 761-1698, EMAIL compliance-notify@chcwf.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Vicki Johnson, 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, 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>