

### Permission to communicate (Minor)

By checking this box, I am revoking all previous Permission to Communicate forms.

Minor Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ authorize ProHealth Physicians to communicate my minor child's private health information with family members or others involved in my child's care as designated below. This permission is NOT an authorization to release medical records or consent to treatment.

This permission also authorizes ProHealth to communicate with the authorized persons by phone (including voice messages), in person, or by other means acceptable to ProHealth.

Name:	
Phone Number:	Relationship to Patient:
Name:	
Phone Number:	Relationship to Patient:
Name:	
Phone Number:	Relationship to Patient:

I understand that I am under no obligation to provide ProHealth with this Permission to Communicate, and that ProHealth Providers will not condition treatment, payment, or enrollment/eligibility for benefits on my decision to provide or not provide this form. I understand that I may revoke this Permission if I so choose. I can revoke this Permission either by completing a new Permission to Communicate form and indicating my revocation on the form, or by notifying ProHealth Physicians in writing of my revocation. Communications should be sent to: Privacy Official at 3 Farm Glen Boulevard, Farmington, CT 06032, Attention: Privacy Officer.

NOT EFFECTIVE UNLESS SIGNED AND DATED

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Administrative: HIPAA: Permission to Communicate MRN \_\_\_\_\_

## **Nondiscrimination Notice and Access to Communication Services**

ProHealth Physicians does not discriminate on the basis of sex, age, race, color, national origin, disability, or on the basis of any other discrimination prohibited by applicable law.

Free services **are** available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-855-286-3411.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, disability or any other discrimination prohibited by applicable law, you can send a complaint to:

Optum Civil Rights Coordinator  
11000 Optum Circle  
Eden Prairie, MN 55344  
Fax: 855-351-5495  
Email: **[Optum\\_Civil\\_Rights@Optum.com](mailto:Optum_Civil_Rights@Optum.com)**

If you need help with your complaint, please call the toll-free number 1-877-773-5388. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

**Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

### **Language Assistance Services and Alternate Formats**

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-855-286-3411.

**Language Assistance Services and Alternate Formats, continued**

1	Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-286-3411.
2	Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-286-3411.
3	Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-286-3411.
4	Chinese	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 1-855-286-3411。
5	Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-286-3411.
6	French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-286-3411.
7	French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-286-3411.
8	Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-286-3411.
9	Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-286-3411.
10	Arabic	لمحوظة: إذا لقيت صعوبة في فهم اللغة فإِنَّ خدمات اللمساعدة للغة متوفرة لك مجاناً. اتصل برقم 1-855-286-3411.
11	Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-286-3411번으로 전화해 주십시오.
12	Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-286-3411.
13	Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-286-3411 पर कॉल करें।
14	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-286-3411.
15	Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-286-3411.