

## Medical Release Form

**Last Name/Apellido** **First Name/ Nombre** **MI/Inicial**

**Date of Birth/Fecha de Nacimiento**

**Address/Dirección Residencial** **Apt/Apto**

**City/Cuidad** **State/Estado** **Zip Code/Código Postal**

**Mailing Address/Dirección Postal** **County/Condado**

**Home Tel. #/Teléfono Residencia** **Other Tel. #/Otro Teléfono**

**Medicaid #/Numero de Medicaid**

**Marital Status/Estado Matrimonial**

**Emergency Contact Person/Persona de Contacto Emergencia:**

**Tel:**

**I authorize the CCP to release my medical and behavioral health information to the Federal and State governments or any duly appointed agents.**

Autorizo al CCP para proporcionar mi información médica del comportamiento de la salud a los gobiernos del estado y federal o cualquier agente debido designado.

**Signature of member parent or guardian/firma del asociado, padre o guardian**

**Date**

**If you need help, call us at 1-866-899-4828, TTY/TDD 711,  
Monday to Friday from 8:00 AM to 7:00 PM.**

**This information is available for free in other languages and formats, including written translation or oral interpretation services, as requested. Please contact our Member Services department at 1-866-899-4828, TTY / TDD 711, Monday through Friday from 8:00 AM to 7:00 PM EST.**

**Esta información está disponible gratis en otros idiomas y formatos, incluidos los servicios de traducción escrita o interpretación oral, según se solicite. Por favor contacte a nuestro departamento de servicio al miembro al 1-866-899-4828, TTY/TDD 1711 de lunes a viernes desde las 8:00am a 7:00pm EST.**

**Enfòmasyon sa a disponib gratis nan lòt lang, tankou tradiksyon ekri ak entèpretasyon oral. Tanpri kontakte departman sèvis manm nou an nan 1-866-899-4828, TTY / TDD 711 Lendi jiska Vandredi de 8:00 am a 7:00 pm EST.**

### Auxiliary Aids

**ATTENTION:** If you speak english, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-899-4828 (TTY: 711) or speak to your provider.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-899-4828 (TTY: 711) o hable con su proveedor.

**ATANSYON:** Si w pale Creole, sèvis asistans pou lang disponib pou ou pou gratis. Èd oksilyè ki apwopriye ak sèvis pou bay enfòmasyon ki nan fòm aksèsib yo disponib tou gratis. Rele 1-866-899-4828 (TTY: 711) oswa pale ak founisè w la.

### Foreign Languages

This information is available for free in other languages. Please contact our customer service number at 1-866-899-4828, (TTY: 711) Monday through Friday from 8:00 AM a 7:00 PM EST.

Esta información está disponible gratis en otros idiomas. Por favor contacte a nuestro departamento de servicio al cliente al 1-866-899-4828, (TTY: 711) de lunes a viernes desde las 8:00 AM a 7:00 PM EST.

Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-899-4828, (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.

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## **Non-Discrimination Notice**

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Community Care Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Community Care Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Jennifer Nielsen.

If you believe that Community Care 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: Jennifer Nielsen, Civil Rights Coordinator, 1643 Harrison Parkway Building H, Suite 200. Sunrise, Florida 33323, 1-866-899-4828, TTY/TDD 711, [jnielsen@ccpcares.org](mailto:jnielsen@ccpcares.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer Nielsen 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 [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

This notice is available at Community Care Plan's website:  
[www.ccpcares.org/Nondiscrimination](http://www.ccpcares.org/Nondiscrimination).