

Consent Authorization Form for Navigators in a Federally-facilitated Marketplace¹ (Marketplace)

Navigator Organization Name: Community Council of Greater Dallas

Navigator Organization Address: 1341 W Mockingbird Ln suite 1000W Dallas, TX 75247

Navigator Organization Phone Number and Email Address: 214-871-5065 www.ccadvance.org

Individual Navigator Name or Staff/Volunteer Name and Certification Number:

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

I have been informed about and understand the Navigator roles and responsibilities set forth on Attachment A and have been given the opportunity to discuss them with Community Council of Greater Dallas.²

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 Council of Greater Dallas, including the individual Navigators who are a part of this Navigator organization, to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a Navigator that are authorized by federal statute and regulation and generally summarized in Attachment A, unless I have limited that consent as set forth in this document. I understand that Community Council of Greater Dallas 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 Navigator 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. The information must be provided in a way that meets my cultural and language needs. I understand that Community Council of Greater Dallas might need to ask about and keep notes on my health coverage needs and language preferences in order to help me.
2. Maintaining expertise in eligibility, enrollment, and program specifications for QHPs and insurance affordability programs, and conducting public education activities to raise awareness about the Marketplace. Community Council of Greater Dallas should not need to create, collect, disclose, access, maintain, store and/or use my PII for these functions. If Community Council of Greater Dallas does create, collect, disclose, access, maintain, store and/or use my PII for these functions, Community Council of Greater Dallas will obtain my consent for those specific activities. Community Council of Greater Dallas will keep my PII private and secure except when I have consented to sharing my PII publicly.
3. Ensuring that tools and help provided are accessible and usable for me if I have disabilities. I understand that Community Council of Greater Dallas might need to ask about and keep notes on any supports and services I need in order to help me.
4. Helping me to select a QHP.
5. Helping me with grievances, complaints, or questions about my health plan, coverage, or a determination under my plan or coverage, by providing me with referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate state agency or agencies. I understand that Community Council of Greater Dallas might need to disclose my PII to those referral sources in order to help me.
6. Helping me with the following activities. I understand that Navigators in Federally-facilitated Marketplaces are allowed, and will be required when grants are awarded in 2018, to help me with these topics:
 - Helping me understand the process of filing a Marketplace eligibility appeal,
 - Helping me understand and apply for exemptions from the individual shared responsibility payment that are granted through the Marketplace,
 - Helping me understand that certain exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment can be claimed through the tax filing process and how to claim them,
 - Helping me with the Marketplace-related components of the premium tax credit reconciliation process,
 - Helping me understand basic concepts and rights about health coverage and how to use it, and
 - Helping me with referrals to licensed tax advisers, tax preparers, or other resources for help with tax preparation and tax advice related to questions I might have about the Marketplace application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment, and premium tax credit reconciliations.
7. Providing me with this form and storing a signed copy of it.

¹ Including Federally facilitated Marketplaces where the state performs plan management functions.

I also understand that Community Council of Greater Dallas may be required to create, collect, handle, disclose, access, maintain, store, and/or use my PII to carry out activities required under a state law or regulation. Community Council of Greater Dallas has listed below the specific state requirements that apply.

b. Specific Consents

I also permit Community Council of Greater Dallas to create, collect, disclose, access, maintain, store, and/or use my PII, for the following purpose(s):

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 Council of Greater Dallas. Any Changes must be in writing and signed and dated by both parties. I make the following exceptions, limitations, or changes:

V. Additional

Information

I understand that:

1. I don't have to provide Community Council of Greater Dallas with any information that I do not want to provide. However, the help Community Council of Greater Dallas provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Community Council of Greater Dallas may not be able to offer all the help that is available for my situation.
2. Community Council of Greater Dallas should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. Community Council of Greater Dallas must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Community Council of Greater Dallas 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 Council of Greater Dallas to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. If Community Council of Greater Dallas does not have the resources or skills to help me right away, he or she should refer me to another Marketplace Navigator, or to the federal Marketplace Call Center, who can meet my specific needs sooner.
6. If Community Council of Greater Dallas needs to refer me to another source of help, he or she generally should refer me to the source that is easiest for me to access.
7. I understand that Community Council of Greater Dallas might need to share my contact information and information about my needs with possible referral sources in order to help me.
8. Once I have signed this authorization form, I can expect Community Council of Greater Dallas to help me without asking me to sign another authorization form.
9. Community Council of Greater Dallas should provide me with a copy of my Authorization Form and this Attachment A, once complete.

Please, complete, sign, and date the form:

<p>_____</p> <p>Consumer/Consumer's Legal or Marketplace Authorized Representative Signature</p> <p>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.</p>		
Date	Printed Consumer Name	Printed Authorized Representative Name (if applicable)
<p>Ways I agree to be contacted (optional):</p> <p><input type="checkbox"/> By mail or in-person at _____</p> <p><input type="checkbox"/> By phone at _____ (____) _____ - _____</p> <p style="padding-left: 40px;">This is a wireless phone (circle one): Y N</p> <p><input type="checkbox"/> By text message at _____ (____) _____ - _____</p>		

Attachment A: Roles and Responsibilities of Navigators

1. Community Council of Greater Dallas must maintain expertise in eligibility, enrollment, and program specifications for qualified health plans (QHPs) and insurance affordability programs and must conduct public education activities to raise awareness about the Marketplace.
2. Community Council of Greater Dallas must tell 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.
3. Community Council of Greater Dallas must be prepared to serve consumers in both the individual market Marketplace and in the Small Business Health Options Program.
4. Community Council of Greater Dallas is not allowed to discriminate against me based on my race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
5. Community Council of Greater Dallas must provide me with information in a way that meets my cultural and language needs, at no cost to me.
6. Community Council of Greater Dallas must ensure that tools and help provided are accessible and usable for me if I have disabilities, at no cost to me.
7. Community Council of Greater Dallas must help me to select a QHP, if I want that help, but [Name] is not allowed to choose a health insurance plan for me.
8. Community Council of Greater Dallas must help me with grievances, complaints, or questions about my health plan, coverage, or a determination under my plan or coverage, by providing me with referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate state agency or agencies, if I want that help.
9. Community Council of Greater Dallas is allowed, and will be required when grants are awarded in 2018, to help me with these topics:
 - a. Helping me understand the process of filing a Marketplace eligibility appeal,
 - b. Helping me understand and apply for exemptions from the individual shared responsibility payment that are granted through the Marketplace,
 - c. Helping me understand that certain exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment can be claimed through the tax filing process and how to claim them, and helping me understand the availability of Internal Revenue Service resources on this topic,
 - d. Helping me with the Marketplace-related components of the premium tax credit reconciliation process, and helping me understand the availability of Internal Revenue Service resources on this process,
 - e. Helping me understand basic concepts and rights about health coverage and how to use it, and
 - f. Helping me with referrals to licensed tax advisers, tax preparers, or other resources for help with tax preparation and tax advice related to questions I might have about the Marketplace application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment, and premium tax credit reconciliations.
10. All individual Navigators who help me must be certified by the Marketplace after showing that they meet all required standards and must follow the terms of Community Council of Greater Dallas grant from CMS.
11. All individual Navigators who help me must complete and receive a passing score in a CMS-approved training course before providing education, outreach, or help to consumers, and must take continuing education and be certified or recertified each year before they can continue to provide education, outreach, or help to consumers.
12. Community Council of Greater Dallas, including the Navigator organization and any Navigator who helps me, must not be a health or stop-loss insurance issuer or a subsidiary of a health or stop-loss insurance issuer, must not be an association that includes members of the insurance industry or lobbies for the insurance industry, and 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. Community Council of Greater Dallas, including the Navigator organization and any Navigator who helps me, must also inform me of certain non-prohibited relationships that they might have with insurance issuers.
13. Community Council of Greater Dallas must provide me with information about the roles and responsibilities of Navigators, including through this form.
14. Community Council of Greater Dallas, and any Navigator who helps me, is not acting as a tax adviser or attorney when providing assistance as a Navigator and cannot provide tax or legal advice while acting as a Navigator.
15. Community Council of Greater Dallas 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.
16. Community Council of Greater Dallas is not allowed to charge me a fee for any help provided while acting as a Navigator.
17. Community Council of Greater Dallas is not allowed to pay individual Navigators 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.
18. Community Council of Greater Dallas 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, if I must enroll in health coverage in order to receive the gift. Community Council of Greater Dallas is allowed—but not required—to give me gifts for other reasons, including to encourage me to seek or receive application help, but only if the total value of the gifts given during a single event or meeting is not more than \$15 in value. Community Council of Greater Dallas is allowed to reimburse me for things I might have to buy or pay for in order to get application assistance from Community Council of Greater Dallas (such as travel or mailing expenses), even if the total value of this reimbursement is over \$15.
19. Community Council of Greater Dallas is not allowed to use any funds provided by the Marketplace to buy for me any gifts, gift cards, or things that market or promote the products or services of another individual or business.
20. Community Council of Greater Dallas 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 [Name] already has a relationship with

a consumer, but [Name] 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 Council of Greater Dallas, Community Council of Greater Dallas is allowed to come to my door and/or to call me directly to provide application or enrollment help, so long as Community Council of Greater Dallas follows other laws that might apply to that activity.

21. Community Council of Greater Dallas must also meet any applicable state and local requirements when providing services to me.

Attachment B

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

Community Council of Greater Dallas:

- 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 Luciana Hampilos, J.D.

If you believe that Community Council of Greater Dallas has discriminated against you on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: LaCoya Williams Deputy Civil Rights/Title IX Coordinator | 972-721-4063 | First Floor, Haggard University Center, Room 253

1845 E. Northgate Dr. Irving, TX 75062 lhampilos@udallas.edu. If you need help filing a grievance, Luciana Hampilos, J.D. 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, 1-800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-318-2596 (TTY: 1-855-889-4325).

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 1-800-318-2596（TTY：1-855-889-4325）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-318-2596 (TTY: 1-855-889-4325).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-318-2596 (TTY: 1-855-889-4325)번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-318-2596 (TTY: 1-855-889-4325).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-318-2596 (телетайп: 1-855-889-4325).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-318-2596 (TTY: 1-855-889-4325).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-318-2596 (TTY: 1-855-889-4325).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-318-2596 (ATS : 1-855-889-4325).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-318-2596 (TTY: 1-855-889-4325).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-318-2596 (TTY: 1-855-889-4325).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-318-2596 (TTY: 1-855-889-4325)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-318-2596 (TTY: 1-855-889-4325).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-318-2596（TTY:1-xxx-xxx-xxxx）まで、お電話にてご連絡ください。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما با. باشد می ف (TTY: 1-xxx-xxx-xxxx) بگیریید تماس- 2596-318-800-1.