

Revocation of Authorization to Use and/or Disclose Health Information



I want to cancel, or revoke, the permission I gave to Allwell from Superior HealthPlan to use my health information for a particular purpose or to share my health information with a person or group:

PERSON OR GROUP THAT RECEIVED THE INFORMATION:

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Authorization Signed Date (if known): ____ / ____ / ____

MEMBER INFORMATION:

Member Name (print): _____

Member Date of Birth: ____ / ____ / ____ Member ID Number: _____

I understand that my health information (including, where applicable, my substance use disorder records) may have already been used or shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to use my health information for a particular purpose or to share my health information with the person or group. It does not cancel any other authorization forms I signed for health information to be used for another purpose or shared with another person or group.

Member Signature: _____ Date: ____ / ____ / ____
(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship below. If you are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship).

Allwell from Superior HealthPlan will stop using or sharing your health information when we receive and process this form. Use the mailing address below. You can also call for help at the number below.

*Allwell
ATTN: Compliance Department
5900 E. Ben White Blvd.
Austin, TX 78741*

If you have any questions, please call Member Services at 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Allwell is contracted with Medicare for HMO and HMO SNP plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.



Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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 and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP), (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell 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 by calling the number above and telling them you need help filing a grievance; Allwell's Member Services 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, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

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

Texto sobre no discriminación de la Sección 1557 Aviso de no discriminación

Allwell cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Allwell:

- Proporciona recursos de ayuda y servicios gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, tales como intérpretes de lenguaje de señas aprobados e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles u otros formatos).
- Proporciona servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, como intérpretes aprobados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con los Servicios para miembros de Allwell al: 1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP), (TTY: 711). Del 1 de octubre al 31 de marzo, puede llamarnos los 7 días de la semana, de 8:00 a.m. a 8:00 p.m. Del 1 de abril al 30 de septiembre, puede llamarnos de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Se usa un sistema de mensajería para las llamadas fuera del horario laboral habitual, los fines de semana y los días festivos federales.

Si considera que Allwell no ha proporcionado estos servicios o lo ha discriminado de alguna otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja; para ello, debe llamar al número mencionado anteriormente e indicar que necesita ayuda para presentar una queja. Los Servicios para miembros de Allwell están a su disposición para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. electrónicamente a través del Portal de Quejas (Complaint Portal) de la Oficina de Derechos Civiles, disponible en el sitio web <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por teléfono o por correo a: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Los formularios de queja están disponibles en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.



SPANISH:	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).
VIETNAMESE:	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).
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 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711)。
KOREAN:	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711) 번으로 전화해 주십시오.
ARABIC:	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (رقم هاتف الصم والبكم: 711).
URDU:	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711)۔
TAGALOG:	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).
FRENCH:	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (ATS : 711).
HINDI:	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY : 711) पर कॉल करें।
PERSIAN:	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY : 711) تماس بگیرید.
GERMAN:	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).
GUJARATI:	સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).
RUSSIAN:	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (телетайп: 711).
JAPANESE:	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。 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711) まで、お電話にてご連絡ください。
LAOTIAN:	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-796-6811 (HMO), 1-877-935-8023 (HMO SNP) (TTY: 711).