

Consent for an Assistor

Application ID: _____

Assistor Organization: Banner – University Family Care

Assistor: _____

The State of Arizona needs your consent for the Assistor and their organization to continue helping you with this application.

Any reference to Assistor Organization includes the Assistor, their organization, its employees, agents and contractors.

Option to Give Consent:

When you give consent for an Assistor Organization to help you apply using Health-e-Arizona Plus (HEAplus), the Assistor Organization will be able to see private, personal information in HEAplus for all persons in your application. The private and personal information includes:

- Information received from Federal and State data sources, which may include, but is not limited to, citizenship and immigration status, Arizona residency status, and income and employment information;
- Letters sent to you by the state; and
- Eligibility decisions made by the State for your applications

The State requires the Assistor Organization to promise to keep information for the persons in your application private and not to use this information for any purpose other than to help with your applications. The State will stop access to HEAplus for the Assistor Organization if they do not keep the information private. However, the State is required to inform you that the information disclosed to the Assistor Organization may not be protected by the federal Health Information Privacy Rules found at 45 C.F.R. Part 164.

If you chose to give consent for the State to release information to the Assistor Organization, this consent will stop one year from today. To cancel consent earlier, contact the HEAplus Customer Support Center at 1-855-432-7587.

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Option to Refuse Consent:

When you do not give consent for an Assistor Organization to help you or you cancel consent, it will not affect eligibility for assistance.

You may apply, renew or report changes for Medical Assistance, Nutrition Assistance and Cash Assistance, without the help of an Assistor Organization.

- You may create your own HEAplus account at <https://www.healthearizonaplus.gov> to create applications yourself.
- You may complete a paper application and submit it to any DES/FAA office.

Please select one of the following options:

- I, (Print name) _____, **GIVE** consent for the State of Arizona to show my household's personal information to the assistor organization named on Page 1, so they can help me with my application for assistance.
- I, (Print name) _____, **DO NOT GIVE** the State of Arizona consent to show my household's personal information to the assistor organization named on Page 1. I prefer to apply without help from an Assistor.

Customer's Signature: _____

Date Signed: _____