



Iowa Department of Health and Human Services
Request to Change How Health Information Is Provided

Name of Client		Date of Request	
Mailing Address – Street or P.O. Box		Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date	
Check all of the programs that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> hawk-I <input type="checkbox"/> Facility			
To be completed by the client or the client's personal representative			
<p>I request that the following health information currently being given to me by the Department of Health and Human Services be given to me in a different way or in a different place.</p> <p>I understand that the Department is not required to agree to my request if it is not reasonable.</p> <p>I understand that if my request involves issues about payment for my health care, the Department will need to know how payment for services will be made before it will agree to my request.</p> <p>I understand that if my request is approved, that means a different address for me must be entered into the Department computer system. All of the things that the Department mails to me through that system must go to that different address. This will include FIP or PROMISE JOBS cards, Medicaid cards, Food Assistance EBT cards, all Notices of Decision about eligibility and benefits, and other Department mailings.</p> <p>I would like the following health information to be shared differently: _____</p> <p>_____</p> <p>I want this information shared differently because: _____</p> <p>_____</p> <p>_____</p> <p><i>Check the box that tells how you want this information to be shared and complete the blank:</i></p> <p><input type="checkbox"/> Mail this information to the following address: _____</p> <p><input type="checkbox"/> Give this information to the following person to share with me: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>			
Client or Personal Representative's Signature		Date	

To be completed by Security and Privacy Office

☐ Request is granted. Should the Department need to stop honoring your request to change how information is provided, we will send you a written notice.

☐ Request is denied. Reason for denial: _____

Manual and Rule Reference:

Security and Privacy Office Signature

Date

Right of Appeal

If you disagree with any action or failure to act concerning this request, you have the right to appeal, as stated in 441 Iowa Administrative Code Chapter 7. To appeal means to ask the Department of Health and Human Services to look one more time at the decision you think is wrong.

How to Appeal. You must appeal in writing. Mail your appeal to the Appeals Section of the Department of Health and Human Services (HHS) at the address given below. There is no fee or charge for an appeal. Your appeal does not need to be on an appeal form, but if you would like to use a form, the appeal forms may be obtained at your local HHS county office, from **hawk-i** customer service, or from the privacy official in your facility. You can also submit your appeal electronically at <https://hhs.iowa.gov/programs/appeals>.

Appeals Section
Iowa Department of Health and Human Services
321 E Walnut Street
Des Moines IA 50319

Time Limits. To get a hearing, **you must mail your appeal within 30 days** of the date of decision on this form. The HHS Director can approve a late appeal if the Director finds that there is a good reason for the appeal being late. There will be no hearings for appeals filed more than 90 days after the date of the notice.

Granting a Hearing. HHS will determine whether a hearing will be held. If a hearing is held, you will get a letter telling you of the procedure for the hearing. If a hearing is not granted, you will get a letter telling the reason and what steps you can take at that point.

Presenting Your Case. If an appeal hearing is held, you may explain your disagreement or have someone else like a relative or friend explain your disagreement for you. You may be represented by an attorney, but HHS will not pay for the attorney. Your county HHS office has information about legal services available to you that are based on your ability to pay. You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 515-243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Health and Human Services, Office of Human Resources, Lucas Building – 321
E. Walnut, Des Moines IA 50319; fax (515) 281-4243 or via e-mail FDHS@hhs.iowa.gov