

## Certified Application Counselors (CAC) Consumer Assistance Consent Form

This form outlines the functions of a Certified Application Counselor and how your information will be used and protected. Please read over it carefully and discuss any questions or concerns with HUTCHINSON REGIONAL MEDICAL CENTER/ Tammy Voorhees/ TORRY ERICSON/ before you sign the Consent Form giving your permission for help.

I understand that nothing requires me to share information with Hutchinson Regional Medical Center/ Tammy Voorhees/ Torry Ericson. I understand that I can cancel my consent at any time. I understand that Hutchinson Regional Medical Center/ Tammy Voorhees/ Torry Ericson/ has the following responsibilities and will perform the following functions:

1. Will help me, to the best of their ability, as I learn about my health coverage options.
2. Will be knowledgeable about health insurance available in the Marketplace, as well as other health coverage like Medicaid and CHIP.
3. Will not choose a health plan for me.
4. Will need to see and use my personal information in order to do their job as an assister and help me apply for health coverage.
5. Will keep my personal information private and secure.
6. Will not keep anything with my personal information included on it after our meeting is over, other than my contact information and a copy of my Consent Form.
7. Will help me based on the information that I provide.
8. Will help me understand my health insurance options in the language I speak/understand, or will refer me to other assistance that is able to provide information in the language I speak/understand.
9. Will not charge me any money for assistance.
10. Will provide me with a copy of this Consent Form.

To report a complaint about a Certified Application Counselor, call the Federally-facilitated Marketplace Call Center – 1-800-318-2596; TTY: 1-855-899-4325 (all languages available)

**Hutchinson Regional Medical Center**  
1701 E 23<sup>rd</sup> Ave Hutchinson KS 67502

**Tammy Voorhees**  
KSCDOA3200008  
[voorheest@hutchregional.com](mailto:voorheest@hutchregional.com)

**Torry Ericson**  
KSCDOA3200002  
[ericson@hutchregional.com](mailto:ericson@hutchregional.com)

*In this consent form:*

- Whenever it says “me” or “my”, “me” or “my” includes my authorized representative, if I have one.

I or my legal or Marketplace authorized representative acting on my behalf (“authorized representative”), give permission to Hutchinson Regional Medical Center/ Tammy Voorhees/ Torry Ericson to provide:

- Consultation about my health coverage options in the Marketplace
- Application assistance
- Enrollment assistance in health coverage through the Marketplace (if I choose to do so)
- Help with a grievance, complaint, or question about my health plan, coverage, or a determination under such a plan or coverage

I or my legal or Marketplace authorized representative acting on my behalf (“authorized representative”), give permission to Hutchinson Regional Medical Center/ Tammy Voorhees/ Torry Ericson to collect and securely store my personal information (name, phone, email) for limited reasons, such as to:

- Contact me for scheduled appointments or follow up
- Keep copy of my Consent Form

I may cancel my consent by notifying Hutchinson Regional Medical Center/ Tammy Voorhees/ Torry Ericson in writing at any time.

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**PRINT**                      **Consumer / Consumer’s Legal or Marketplace Authorized Representative**

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**SIGN**                        **Consumer / Consumer’s Legal or Marketplace Authorized Representative**

***By signing this form, I acknowledge the information provided in this Consumer Consent Form and confirm that I agree to the permissions above.***

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**Date**    **Phone/Email**

**PLEASE NOTE: Consumers may sign this consent form themselves, or may choose to have a legal guardian, personal representative, or other delegated representative sign it.**