

CONSUMER CONSENT FORM

I, _____ give my permission to _____
 (Consumer Print Name) (Navigator Print Name)

a Navigator with the NC Navigator Consortium, to help me understand my health coverage options and complete an application for health coverage through the Federal Health Insurance Marketplace or North Carolina Department of Social Services. I understand:

1. The NC Navigator Consortium will not charge me for any assistance provided.
2. The NC Navigator Consortium will explain the full range of health coverage options in North Carolina and financial assistance programs for which I may be eligible.
3. The NC Navigator Consortium will help me understand my options but cannot choose a health plan for me.
4. The NC Navigator Consortium provides help based on the information I provide. If the information I give is inaccurate or incomplete, the NC Navigator Consortium may not be able to offer all the help that is available for my situation.
5. The NC Navigator Consortium will accommodate my language and/or disability needs and provide information in a way that I can understand.
6. The NC Navigator Consortium will need to see and use my personal information to provide assistance, and will keep that information private and secure.
7. The NC Navigator Consortium will help answer questions about my health insurance plan before, during and after enrollment. I can schedule a follow-up visit if needed.
8. The NC Navigator Consortium will help me with grievances, complaints, or questions about my health plan, coverage, or a determination under such a 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 agency or agencies, if I request that help.
9. The NC Navigator Consortium will provide all information and services in a fair, accurate and impartial manner.
10. The NC Navigator Consortium will not take any action on my behalf without my consent and without my presence in person or on the telephone.
11. The NC Navigator Consortium will provide me with a copy of this Consent Form if I request one. I may cancel or modify my consent at any time, and I will notify the NC Navigator Consortium if I do so.
12. I understand that I will not receive any tax advice, legal services or legal advice from the NC Navigator Consortium during my visit today. No attorney-client relationship will result from this visit. I am receiving only the services of a Navigator. If I wish to obtain legal services, I may contact a legal services organization. If I wish to obtain tax services, I may contact a tax adviser.
13. I give my permission to the NC Navigator Consortium to follow up with me regarding my application and issues related to the enrollment process.
14. I understand that the NC Navigator Consortium uses a scheduling system owned and operated by Young Invincibles (a non-profit organization that helps people get, keep, and use health insurance). I agree that the NC Navigator Consortium can share my contact information and insurance status with Young Invincibles. I understand that I may be contacted and given other information, including important deadlines, about health insurance. I understand my information will not be used for commercial purposes.

Limitations to my consent (explain below)

**** Please sign on Page 2 ****



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By signing below, I attest that I have reviewed and understand all of the information on this form. I give my permission to the individual Navigators who are part of this organization to create, access, use, collect, maintain, store, and/or disclose my personally identifiable information (“PII”) in order to carry out the roles and responsibilities of a Navigator, unless I have limited that consent. I also understand that I may cancel or modify my consent at any time by notifying the NC Navigator Consortium.

Signature: _____ Date: _____

Phone number: _____ E-mail: _____

Address: _____

I AGREE to the following uses and disclosures of my information. Initial lines below to opt in or opt out.

Media Consent:

I give my permission to the NC Navigator Consortium to contact me about opportunities to share my enrollment story with the media. I understand that I will be contacted again if and when there is a request for my information to be shared. I agree that this Navigator organization may share how I obtained health insurance coverage at this appointment and use my name and/or photo to do so.

_____ **Yes, I consent to this use and disclosure of my information**

_____ **No, I do not consent to this use and disclosure of my information**

Maintenance and Storage of PII for Complex Cases:

I give my permission to the NC Navigator Consortium to collect, maintain, store, and/or disclose my personally identifiable information (“PII”) in order to assist me with my complex case, unless I have limited that consent as set forth in this document. Such PII will be maintained and/or stored in a secure fashion. I understand that the NC Navigator Consortium might need to collect, maintain, store and/or disclose some of my PII in order to provide the best assistance if I have a complex case.

_____ **Yes, I consent to this use and disclosure of my information**

_____ **No, I do not consent to this use and disclosure of my information**

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