

# PRIMECARE

**Community Health, Inc.**

1431 N. Western Avenue · Chicago, Illinois 60622  
(312) 633-5839 Office



[healthoutreach@primecarechi.org](mailto:healthoutreach@primecarechi.org)

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## Consent Authorization Form

Individual IPC/CAC Name and Federal ID Number: \_\_\_\_\_

I, \_\_\_\_\_, give my permission, or, \_\_\_\_\_, my legal or Marketplace authorized representative acting on my behalf ("Authorized Representative"), gives permission to PrimeCare Community Health and the Individual IPC/CAC (Assister) identified above to create, collect, disclose, access, maintain, use, and/or store any personally identifiable information (PII) and/or the PII of my authorized representative, to perform the following duties of an Assister including:

- Inform me and/or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I'm eligible;
- Help me complete my application for health coverage in a Qualified Health Plan (QHP) through the Marketplace and for insurance affordability programs;
- Help me enroll in a QHP or in an insurance affordability program.

I understand that I may revoke this authorization at any time and will notify PrimeCare Community Health and the Assister if I choose to revoke my authorization.

I understand that PrimeCare Community Health and the Individual Assister identified above have the following responsibilities and will perform the following functions:

- PrimeCare Community Health and Assister will inform me and/or my authorized representative about the full range of Marketplace health coverage options and insurance affordability programs for which I'm eligible, will help me apply for health coverage in a QHP through the Marketplace and for insurance affordability programs, and will help me enroll in a QHP or in an insurance affordability program.
- PrimeCare Community Health and Assister will inform me of any possible conflicts of interest they may have.
- PrimeCare Community Health and Assister are required to act in my best interest.
- PrimeCare Community Health and Assister can't choose a health insurance plan for me.
- PrimeCare Community Health and Assister will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII and/or PII of my authorized representative. Information about those standards will be provided upon request.
- PrimeCare Community Health and Assister above aren't expected or required to maintain or store any of my PII and/or the PII of my authorized representative, other than this authorization form, but if PrimeCare Community Health and Assister do maintain or store my PII, they will follow privacy and information security standards.
- I and/or my authorized representative do not have to provide more information than I and/or my authorized representative choose to provide.

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- The assistance PrimeCare Community Health and Assister provide is based only on the information I and/or my authorized representative provide, and if the information provided is inaccurate or incomplete, PrimeCare Community Health and the Individual CAC identified above may not be able to provide all the assistance available for my situation.
- If PrimeCare Community Health and Assister are unable to assist me and/or my authorized representative, they will refer me or my authorized representative to another person who can help me (a Navigator or other Marketplace-authorized assistance personnel), or the GetCovered Illinois Help Desk at (866) 311-1119, or to the Federal Exchange call center.

I further understand that PrimeCare Community Health and the Individual Assister named above may NOT:

- charge me and/or my authorized representative a fee for any assistance provided;
- choose a health insurance plan for me;
- offer advice about which health plan is better or worse for a particular individual or employer;
- recommend or endorse a particular health plan or advise consumers about which health plan to choose;
- provide any information or services related to health benefits plans or other insurance products not offered in the Marketplace, except for health care providers when furnishing information or services related to a patients existing health benefit plan or other existing health insurance coverage.

\_\_\_\_\_  
Signature of Consumer/Consumer's Authorized Representative

\_\_\_\_\_  
Date

**PLEASE NOTE: Consumers may sign this authorization form themselves, or choose to have a legal or Marketplace Authorized Representative complete this form.**