



WEBEX TELEVISIT CONSENT FORM

Member's Name: _____

Date of Birth: _____ Member ID# _____

I hereby consent to participate in a televisit using Cisco Webex ("Webex") with my Highmark Wholecare Case Manager. I understand that this televisit will be similar to an in-person home visit except that Webex's videoconference technology will allow me to communicate with my Case Manager at a distance.

By signing this form, I understand and agree to the following:

1. I understand that the federal and state laws that protect the privacy and confidentiality of my health information also apply to this televisit.
2. I understand that I may revoke/cancel my consent to participate in this televisit at any time, prior to or during the course of the televisit, without affecting my right to treatment, payment, enrollment, or eligibility for benefits.
3. I also understand that there are potential risks associated with participating in a televisit, including but not limited to interruptions due to technical difficulties and/or access by an unauthorized party despite best efforts to ensure security protocols.
4. I understand there is a risk of being overheard by anyone near me and that I am responsible for using a location that is private and free from distractions or intrusions.
5. I understand that the videoconference technology may allow for video or audio recordings and that neither I nor my Case Manager may record the televisit.

My permission will be valid from the time I sign this form until (1) I am no longer enrolled with Highmark Wholecare, or (2) I send a written note to Highmark Wholecare stating that I am revoking/cancelling my permission.

Member Name Printed

Member Signature

Date

If the member is under the age of 18, the member's parent/guardian also must provide consent:

Member's Parent/Guardian
Name Printed

Member's Parent/Guardian Signature

Date

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

We do not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

We provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at 1-800-392-1147

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Highmark Wholecare
Member Appeals
P.O. Box 22278
Pittsburgh, PA 15222
1-800-392-1147, [TTY/PA Relay 711],
Fax # (844)325-3435

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Highmark Wholecare and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> , or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 1-800-392-1147 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-392-1147 (TTY/PA RELAY: 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-392-1147 (телетайп/PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-392-1147 (TTY/PA RELAY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-392-1147 (TTY/PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-392-1147 (رقم هاتف الصم والبكم: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-392-1147 (टिटिवाइ/PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-392-1147 (TTY/PA RELAY: 711) 번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-392-1147 (TTY/PA RELAY: 711)។

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-800-392-1147 (ATS/PA RELAY 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-392-1147 (TTY/PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-392-1147 (TTY/PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-392-1147 (TTY/PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-392-1147 (TTY/PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-392-1147 (TTY/PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-392-1147 (TTY/PA RELAY: 711).