

CONNECT TO CARE DECLARATIONS AND RIGHTS

Read the following carefully before signing.

I UNDERSTAND THAT:

1. I am applying for the Connect to Care program and I am currently not enrolled in Medi-Cal, Medicare, Covered California or another health insurance program.
2. At the time of application, I must provide verification that I am a resident of one of the 35 counties served by CMSP.
3. If the information I provide as a part of my Connect to Care application is found to be inaccurate, I may be immediately disqualified from the program. In addition, I may be billed for all services provided to me under Connect to Care, and I may be investigated for suspected fraud.
4. I am not eligible for Connect to Care if I am fleeing to avoid prosecution, custody or confinement after conviction for a crime that is a felony under the laws of the place that I am fleeing, or violating a condition of probation or parole imposed under Federal or State Law.
5. Connect to Care is not an insurance program and health care benefits under the program are available only through designated health care providers and pharmacies that contract with CMSP.
6. After my eligibility has been approved, my enrollment in Connect to Care starts the day that I submitted my enrollment application.
7. Enrollment in Connect to Care is up to a 6-month term, and I need to reapply to extend my Connect to Care benefits for another 6-month term.
8. Following enrollment in Connect to Care, I am responsible for telling my medical provider that I am a Connect to Care member.
9. I must show my Connect to Care Identification Card to my medical provider when I get medical care and to the pharmacy when I get my prescriptions.
10. I must notify my medical provider if I move or plan to move to another county or to another state or country.
11. I may be disenrolled from Connect to Care if I abuse the program, such as making threats or disrupting other patients or health care provider staff at the medical offices and pharmacies that participate in Connect to Care.

I HAVE THE RIGHT TO:

1. Be treated fairly and equally regardless of race, color, religion, national origin, sex, age, sexual orientation, marital status or political beliefs.
2. Receive a Connect to Care Identification Card (and member guide) within fourteen (14) days of enrollment.
3. Have all information I give to the health care provider where I enroll in Connect to Care kept in the strictest confidence, in compliance with all federal and state confidentiality laws.
4. Disenroll from Connect to Care upon request.

I hereby state that I have read the information on this form and that I fully understand my declarations and rights associated with my enrollment and participation in Connect to Care. Further, I understand that these declarations and rights apply as long as I am a Connect to Care member.

I certify and declare under penalty of perjury under the laws of the State of California that the information I have provided for enrollment in Connect to Care, including my documentation of income and my declaration regarding assets, is true, correct and complete to the best of my knowledge. Further, by signing this form I authorize the community health center, as well as any other agents and contractors of the Connect to Care program, to utilize my enrollment and health care services information for health care administration purposes that comply with all federal and state confidentiality laws.