



**INDIVIDUAL AUTHORIZATION**

(This document grants Delta Dental of Iowa authority to use and/or disclose Protected Health Information (PHI) or to receive PHI from another entity.)

**Individual Authorizing use and/or disclosure of PHI**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Delta Dental ID Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Description of Protected Health Information**

Provide a specific and meaningful description of the PHI you are authorizing for use and/or disclosure. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Purpose of this authorization**

Request of Individual \_\_\_\_\_ Other (please describe) \_\_\_\_\_

\_\_\_\_\_

**Who may use and/or disclose this information**

Identify the persons and/or organizations (including Delta Dental of Iowa) you are authorizing to use and/or disclose the PHI described above.

\_\_\_\_\_

**Who may receive this information**

Identify the persons and/or organizations (including Delta Dental Plan of Iowa) you are authorizing to use and/or receive the PHI described above.

\_\_\_\_\_

**When this authorization expires**

This authorization expires at 11:59 pm on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

**Or**

Following the occurrence of the event described below. (Event must relate to the individual or purpose for which the use and/or disclosure is authorized.)

\_\_\_\_\_  
\_\_\_\_\_

**Your right to revoke this authorization**

You have the right to revoke this authorization at any time by giving written notice to Delta Dental of Iowa, and all other persons or organizations named in this document that were given authorization to use and/or disclose PHI. Revocation of this authorization does not affect uses and/or disclosures by the authorized entities prior to their receipt of written notice.

***This authorization is voluntary and enrollment in a dental plan or eligibility for benefits and payment of claims are not affected by it.***

The protected health information described in this document, with your authorization, may be disclosed and or received by persons or organizations that are not health plans, health care providers or health care clearinghouses subject to the HIPAA privacy rule. Those entities not subject to the HIPAA privacy rule may further disclose protected health information without your authorization, subject to any other applicable Federal and State privacy protection laws.

**Signature**

I acknowledge that I have had the opportunity to read the contents of this Individual Authorization and I understand that my signature is confirmation of my authorization for the use and/or disclosure of my Protected Health Information for the purposes described in this form.

\_\_\_\_\_  
Signature of Individual or \*Personal Representative

\_\_\_\_\_  
Date

\*If this Authorization is being signed by a Personal Representative on behalf of the Individual named in this form Delta Dental of Iowa must have an Authorized Personal Representative Appointment form on file. A copy of this form can be obtained by calling Delta Dental of Iowa Customer Service at 1-800-544-0718.

**Where to send this Individual Authorization**

Mail to : Delta Dental of Iowa  
P.O. Box 9010  
Johnston, IA 50131

Or Fax to: (888) 264-1440

# Required Federal Notice-Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination notice go to [www.deltadentalia.com/nondiscrimination](http://www.deltadentalia.com/nondiscrimination).

Delta Dental of Iowa provides free language services to people whose primary language is not English. In addition, Delta Dental provides free services for people with disabilities such as auxiliary aids, written communication in other formats such as large print, audio or other formats. If you need these services, call 1-800-544-0718 x0, hearing impaired (TTY) call 1-888-287-7312.

## Language Access Service

**This Notice has Important Information.** This notice has important information about your application or coverage through Delta Dental of Iowa. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-544-0718 x0.

### Arabic –

يحتوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Delta Dental of Iowa. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 1-800-544-0718 x0.

**Chinese – 本通知有重要的訊息。** 本通知有關於您透過 Delta Dental of Iowa 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 字 1-800-544-0718 x0。

**French – Cet avis contient des informations importantes.** Cet avis contient des informations importantes concernant votre demande ou la couverture offerte par Delta Dental of Iowa. Prenez note des dates butoirs indiquées dans le présent avis. Vous devrez peut-être effectuer certaines démarches dans les délais prévus pour conserver votre couverture santé ou l'aide financière à laquelle vous pouvez prétendre. Vous avez le droit d'obtenir ces informations et de recevoir de l'aide dans votre langue gratuitement. Appelez le 1-800-544-0718 x0.

**German – Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Delta Dental of Iowa. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-544-0718 x0.

**Hindi – इस नोटिस में महत्वपूर्ण जानकारी है।** इस नोटिस में आपके आवेदन या Delta Dental of Iowa के माध्यम से बीमे के बारे में महत्वपूर्ण जानकारी शामिल है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या लागतों में मदद के लिए आपको कुछ निश्चित समय-सीमाओं तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत दिए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। 1-800-544-0718 x0 पर कॉल करें।

**Karen – တာကွဲးနိဉ်အဝဲအံးနိဉ်အိဉ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢအရူဒိဉ်**  
တဖၣ်န့ၣ်လီၤ. တာကွဲးနိဉ်အဝဲအံးအိဉ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢ  
အရူဒိဉ်ဘၣ်ယးဒီးနလံၣ်ပတံၣ်ထီၣ် မ့တဖၣ် တၢ်ကျၢၢ်ဘၢအိဉ် Delta Dental of Iowa န့ၣ်လီၤ. ယုက့ၢ်မုၢ်နံၤမုၢ်သိအိဉ်သ့ၣ်လၢတာကွဲးနိဉ်အံးတက့ၢ်. ဘၣ်သ့ၣ်သ့ၣ်နကဘၣ်ပံးန့ၢ်မုၢ်လၢမုၢ်နံၤမုၢ်သိလၢတၢ်ဆၢတၢ်လံာ်လၢနကလံာ်နတၢ်အိဉ်အုဉ်အိဉ်လၢတၢ်ကျၢၢ်ဘၢ မ့တဖၣ် တၢ်မၤစၢၤလၢနကဘၣ်ဟ့ၣ်အပူၤန့ၣ်လီၤ. နအိဉ်ဒီးတၢ်ခွဲးတၢ်လံာ်လၢနကဒီးန့ၢ်ဘၣ်တၢ်မၤစၢၤဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤလၢနက့ၢ်ဒိဉ်နဲလၢတလံာ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ. ကိး 1-800-544-0718 x0 တက့ၢ်.

**Korean – 본 통지서에는 중요한 정보가 들어 있습니다.** 즉 이 통지서는 귀하의 신청에 관하여 그리고 Delta Dental of Iowa를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 1-800-544-0718 x0로 전화하십시오.

**Laotian – ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນສໍາຄັນ.** ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັກ ຫຼື ການຄຸ້ມຄອງ ໆທ່ານໂດຍຜ່ານ Delta Dental of Iowa. ເບິ່ງກຳນົດການໃນແຈ້ງການສະບັບນີ້, ເບິ່ງກຳນົດການໃນແຈ້ງການສະບັບນີ້ ຍກຳນົດເວລາທີ່ແນ່ນອນ ເພື່ອຮັກສາການຄຸ້ມຄອງສະເພາະຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແຈ້ງການຊ່ວຍເຫຼືອ ອິນພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ໂທ 1-800-544-0718 x0.

### Pennsylvania Dutch – Die Bekanntmachung gebt wichdichi Auskunft.

Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Delta Dental of Iowa. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschet nix. Ruf yuscht selli Nummer uff: 1-800-544-0718 x0.

**Russian – Настоящее уведомление содержит важную информацию.** Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Delta Dental of Iowa. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры до определенного срока для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1-800-544-0718 x0.

**Bosnian/Croatian – U ovom obavještenju su sadržane važne informacije.** U ovom obavještenju su sadržane važne informacije o Vašoj prijavi ili osiguranju preko Delta Dental of Iowa. Pogledajte nalaze li se u ovom obavještenju neki ključni datumi. Možda ćete morati poduzeti određene radnje u datom roku kako biste i dalje zadržali svoje osiguranje ili pomoć pri plaćanju. Imate pravo da ove informacije, kao i pomoć, dobijete besplatno na svom jeziku. Nazovite 1-800-544-0718 x0.

**Spanish – Este Aviso contiene información importante.** Este aviso contiene información importante acerca de su solicitud o cobertura a través de Delta Dental of Iowa. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-544-0718 x0.

**Tagalog – Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon.** Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Delta Dental of Iowa. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng habkang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-544-0718 x0.

**Thai – ประกาศนี้มีข้อมูลสำคัญ** ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอขอบเขตประกันสุขภาพของคุณผ่าน Delta Dental of Iowa ดูกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-800-544-0718 x0.

**Vietnamese – Thông báo này cung cấp thông tin quan trọng.** Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Iowa. Xin xem ngay then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-544-0718 x0.