

PRIVACY NOTICE AND AUTHORIZATION FORM

This notice explains how _____ may collect, use, and share your personal information. **Please read this notice carefully.**

_____ must collect certain information about you, called Personally Identifiable Information (“PII”), in order to help you complete your application for health insurance. We only use PII to the extent necessary to assist you with the application and enrollment process.

Some examples of PII required for health coverage applications and enrollment include your name, address, zip code and county of residence, birthdate, telephone, social security number, household income, number of household members, marital status, race/ethnicity, Healthcare.gov username and password, CommonHelp Application username and password, and/or any information necessary to assist you.

Why did I receive this notice?

_____ is required to give you this notice by applicable State and Federal law. We respect your personal information and want you to fully understand how we may use and share your information. Your decision to provide your personal information is voluntary. We are required to obtain your written authorization prior to collecting, creating, disclosing, accessing, maintaining, storing or using your PII. Neither you, nor your legal or authorized representative, are required to provide more information than you choose to provide. You can revoke, limit, or otherwise change the consents you provide through this notice at any time.

How will you use my information?

_____ will use only the information that we need to help you obtain health insurance through the Virginia Health Benefit Exchange, the Virginia Medicaid Program, and the FAMIS program. [Name of CDO] is authorized by law to: provide you information about the full range of options available to you with respect to qualified health plans, qualified dental plans, the State Medicaid Program, and FAMIS; assist you in applying for coverage; and help to facilitate your enrollment.

Will my information be shared with anyone?

_____ may only share your personal information as described in this notice. We may share your information with certain Federal or State agencies, the health insurance issuer that you select or subcontractors that help us to provide services to you. We do not share your personal information with anyone else without your consent.

Will you keep my information safe?

Yes. _____ is required by law to keep your information safe. The Virginia Health Benefit Exchange has developed privacy and security policies/practices that we must follow to make sure that we protect your information. For your protection, please do not send e-mails to us that contain your PII. We cannot guarantee the security of these e-mails before they reach us. _____ is committed to protecting your personal privacy. Keeping information secure and using it in a responsible manner is a top priority.

Under what legal authority are you permitted to collect my PII?

Both Federal and State laws permit _____ to collect PII for the reasons referenced above. State regulations include 14VAC7-10-10 *et seq.* of the Virginia Administrative Code. Federal laws and regulations include Section 1411(g) of the Patient Protection and Affordable Care Act (42 U.S.C. §18081(g) and 45 C.F.R. §155.260).

How will you inform me about changes to this Privacy Notice?

The Virginia Health Benefit Exchange may change this Privacy Policy from time to time. Revised versions will be posted at <https://www.scc.virginia.gov/pages/Details-for-Consumers> and will show an updated effective date.

For any questions or concerns, please contact:

CDO Name: _____

Individual CAC Name or Staff/Volunteer Name: _____

CDO Address: _____

CDO Phone Number and Email Address: _____

If you believe your Personally Identifiable Information has been or may have been compromised in any way and you would like to file a complaint with the Virginia Health Benefit Exchange, please go here:
[https://www.scc.virginia.gov/pages/File-an-Insurance-Complaint-\(1\)](https://www.scc.virginia.gov/pages/File-an-Insurance-Complaint-(1)).

Applicant Endorsement:

I, _____, give my permission to _____, including _____, to create, collect, disclose, access, maintain, store, and/or use my personal information in order to carry out the roles and responsibilities that are authorized by federal and state laws and regulation, unless I have limited that consent as set forth in this document.

Consumer/Consumer's Legal or Authorized Representative Signature
Circle one of these to show if you are the consumer or the consumer's representative.

Date

Printed Consumer Name

Printed Consumer's Legal or Authorized Representative Name (if applicable)

Ways I agree to be contacted (optional):

By mail or in-person at _____

By email at _____

By phone at (_____) ____ - ____ This is a wireless phone: Yes No

By text message at (_____) ____ - ____