



Member Acknowledgement Form

I, _____, hereby acknowledge that I
Name of Consumer

have received a Medicaid Member Handbook and Provider Directory (either in the mail or from my provider). I understand that the purpose of the handbook is to insure I have information about my benefits, rights and responsibilities. The handbook also provides information on how to receive covered services, access to emergency services, transportation, and how to choose a provider. The handbook also addresses procedures for filing grievances and appeals.

**I also understand that if I have been treated unfairly or discriminated against for any reason, I may file a complaint by contacting Optum Salt Lake County at:
1-877-370-8953.**

My provider has reviewed these materials with me and answered my questions.

Printed Member Name

Minor Signature

Member Signature / Legal Guardian Signature

Date

Nondiscrimination Policy:

The Utah Department of Health, Division of Medicaid and Health Financing (the Division) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Division does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Division:

- Provides 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)
- Provides 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, call 1-866-608-9422.

If you believe that the Division has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Medicaid Constituent Services Representative, P.O. Box 143106, Salt Lake City, UT 84114-3106, **Phone:** (801) 538-6417, 1-877-291-5583, **Fax:** (801) 538-6805, **Email:** medicaidmemberfeedback@utah.gov. You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Medicaid Constituent Services is 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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Language Services:

Free language assistance services are available to you. Please call 1-866-608-9422 or see below:

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-608-9422.

Chinese

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 1-866-608-9422。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-608-9422.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-

608-9422번으로 전화해 주십시오.

Navajo

Díí baa akó nínízin: Díí saad bee yánífti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hółq, kojí' hódíílnih 1-866-608-9422.

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-608-9422 ।

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-866-608-9422.

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-608-9422.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-608-9422.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-608-9422.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-608-9422.

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-608-9422។

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-608-9422.

Japanese

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-608-9422。

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-608-9422-1.