

Model Authorization Form for Georgia Access Specialists (GASs) – in Georgia Access¹

Certified Application Counselor Designated Organization (CDO) Name:

CDO Address: _____

CDO Phone Number and Email:

Individual GAS Name:

I. Acknowledgement of Roles and Responsibilities of GASs (see Attachment A)

I have been informed about and understand the GAS roles and responsibilities set forth on Attachment A and have been given the opportunity to discuss them with _____.¹

II. Definitions and Explanations of Terms Used in This Form

In this authorization form:

- The words “I,” “me,” or “my” include my authorized representative if I have one.
- Personally identifiable information is called “PII.” Examples of my PII include, but are not limited to my name, phone number, email address, home address, immigration status, income, and household size information.
- Georgia Access Specialists called “GASs,” are individuals who are employed by or affiliated with a Certified Application Counselor Designated Organization, called “CDOs,” and are licensed and trained by the State of Georgia to assist consumers, small businesses, and their employees as they compare options and apply for health coverage through Georgia Access or the federal platform.
- Health plans available through the Marketplace are called Qualified Health Plans or “QHPs.”
- Other programs called “insurance affordability programs” are also available through the Marketplace. These programs can help me or my family pay for health coverage, and include public programs, such as Medicaid, PeachCare for Kids®, premium tax credits, and cost-sharing reductions.

III. Authorizations

a. General Consent

I, _____, give my permission to _____, including the individual GASs who are certified by this CDO, to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a GAS that are authorized by state and federal statute and regulation and generally summarized in Attachment A, unless I have limited that

¹ NOTE TO CDO AND INDIVIDUAL GAS: Each time _____ appears in this Authorization Form, the Name of the CDO, at a minimum, should be inserted. Individual GAS name(s) may, but are not required, to be inserted.

consent as set forth in this document. I understand that _____ might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance. The roles and responsibilities of a GAS include but are not limited to the following:

1. Telling me about the full range of QHP and SADP options and insurance affordability programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options, including QHPs and SADPs; and helping me make informed decisions during the health coverage selection process. I understand that _____ might need to ask about and keep notes on my health coverage needs in order to help me.
2. Helping me to apply for health coverage through the Marketplace.
3. Helping me to enroll in a QHP, SADP, and/or insurance affordability program.
4. Ensuring that information provided is accessible for me if I have disabilities. If _____ can't provide me with my accessibility needs, _____ must refer me to a Georgia Access Navigator, or the Georgia Access Call Center, who can meet my specific needs. I understand that _____ might need to ask about and keep notes on any supports and services I need and might need to disclose my information to other assisters in order to help me.
5. Providing me with this form and storing a signed copy of it.

I also understand that _____ may be required to create, collect, handle, disclose, access, maintain, store, and/or use my PII to carry out activities required under state law or regulation. _____ has listed below the specific state requirements that apply.

[NOTE TO CDO AND INDIVIDUAL GAS: Any state requirements that might require use, disclosure, etc. of consumer PII (for example, state reporting) should be inserted here, if applicable. Otherwise, this item should not be included on the form.]

b. Specific Consents

I also permit _____ to create, collect, disclose, access, maintain, store, and/or use my PII, for the following purpose(s):

☐ [NOTE TO CDO AND INDIVIDUAL GAS: Insert text for any additional consents that may be requested here.]

IV. Exceptions or Limitations to Consent

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying _____. I make the following exceptions, limitations, or changes:

V. Additional Information

I understand that:

1. I don't have to provide _____ with any information that I do not want to provide. However, the help _____ provides is based only on the information I provide, and if the information given is inaccurate or incomplete, _____ may not be able to offer all the help that is available for my situation.
2. _____ should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. _____ must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. _____ must follow the privacy and information security standards that apply to them.
4. If I give my contact information when signing this form, my general consent includes permission for _____ to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. Once I have signed this authorization form, I can expect _____ to help me without asking me to sign another authorization form.
6. _____ should provide me with a copy of my Authorization Form and Attachment A, once complete.

Please complete, sign, and date the form:

_____ **Date** _____

Consumer/Consumer's Legal or Georgia Access Authorized Representative Signature. Circle one of these to show if you are the consumer or the consumer's representative. PLEASE NOTE: Consumers may sign this consent

Printed Consumer Name

Printed Authorized Representative Name (if applicable)

Ways I agree to be contacted (optional):

___ **By mail or in-person at** _____

___ **By phone at** _____ **(XXX) XXX-XXXX**

This is a wireless phone (circle one): **Y** **N**

___ **By text message at** _____ **(XXX) XXX-XXXX** [Note: to the extent a GAS entity wishes to contact individuals on their cell phones or via text message, it should obtain individual legal advice on what the consent language should say.]

Attachment A: Roles and Responsibilities of Georgia Access Specialists (GASs)

1. _____ must tell me about the full range of qualified health plan (QHP) and stand alone dental plan (SADP) options and insurance affordability programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Marketplace eligibility application; clarifying the distinctions among health coverage options, including QHPs and SADPs; and helping me make informed decisions during the health coverage selection process.
2. _____ must help me to apply for health coverage through the Marketplace, if I want that help.
3. _____ must help me to enroll in a QHP, SADP, and/or insurance affordability program, if I want that help, but _____ is not allowed to choose a plan for me.
4. _____ is designated by Georgia Access to certify individuals to act as GASs after showing that it meets all required standards and must follow the terms of its agreement with Georgia Access.
5. All GAS individuals who help me must be certified by _____ to help consumers after showing that they meet all required standards and must follow the terms of their agreements with _____. If I have a concern about the help provided by any of these individuals I should contact [INSERT CDO Contact].
6. All GAS individuals who help me must complete and receive a passing score in a State-approved training course before providing help to consumers, and must take additional training every year before being recertified by the CDO to continue helping consumers.
7. _____ must act in my best interests.
8. _____ must ensure that information provided is accessible to me if I have disabilities. If _____ can't meet my accessibility needs, _____ must refer me to a Georgia Access Navigator, or the Georgia Access Call Center, who can meet my specific needs.
9. _____ must provide me with general information about the roles and responsibilities of GASs, including through this form.
10. GASs are not acting as tax advisers or attorneys when providing assistance as GASs and cannot provide tax or legal advice within their capacity as GASs.
11. _____ must comply with Georgia Access standards for keeping my PII private and secure, must obtain my consent before accessing my PII, and must permit me to revoke my consent at any time.
12. _____ is not allowed to charge me a fee for any help provided while acting as a GAS.
13. _____, including the GAS organization and any GAS who helps me, is not allowed to receive any consideration directly or indirectly from any health or stop-loss insurance issuer in connection with the enrollment of any individuals in a QHP, non-QHP, or SADP and must inform me of any conflicts of interest they might have.

14. _____ is not allowed to pay individual GASs based on the number of applications they help complete, based on the number of people they help, or based on the number of enrollments they help complete.
15. _____ is not allowed to give me gifts of any value, including gift cards, cash cards, cash, or things that market or promote the products or services of another individual or business, if I must enroll in health coverage in order to receive the gift.
_____ is allowed—but not required—to give me gifts for other reasons, including to encourage me to seek or receive application help, but only if the total value of the gifts given during a single event or meeting is not more than \$15 in value. _____ is allowed to reimburse me for things I might have to buy or pay for in order to get application assistance from _____ (such as travel or mailing expenses), even if the total value of this reimbursement is over \$15.
16. _____ is not allowed to contact consumers to provide application or enrollment help by going door-to-door or otherwise contacting persons who have not already asked for help, unless _____ already has a relationship with a consumer, but _____ can go door-to-door or contact persons who have not already asked for help when providing general outreach and education to the public.
Because I have a relationship with _____, _____ is allowed to come to my door and/or to call me directly to provide application or enrollment help, so long as _____ follows other laws that might apply to that activity.
17. _____ must also meet any applicable state and local requirements when providing services to me.

[NOTE TO CDO AND INDIVIDUAL GAS: If you or your organization is a covered entity subject to section 1557 of the Affordable Care Act, other language may have to be included in a separate section of this form. Please refer to <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/> for additional information.]