



The Agency for Health Care Administration Notice of Nondiscrimination Policy provides free communication aids/services and reasonable accommodations upon request to any person when necessary to ensure equal opportunity and effective communication. If you are in need of communication aids/services or an accommodation, please complete this recommended form and submit your request, as far in advance as possible, to:

Civil Rights Compliance Coordinator
Agency for Health Care Administration
Office of the General Counsel
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Fax: (850) 922-6484

Requester Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Preferred method of contact: _____

Authorized Representative Making Request (if different than requester)

Name: _____

Relationship to requester: _____

Address: _____

Telephone: _____

Email: _____

Preferred method of contact*: _____

***Please note:** if you are an Authorized Representative making a communication aid/service or accommodation request on behalf of a requester and wish to be notified as to the status of the request, you must obtain a signed HIPAA authorization release form from the requester. This document can be found at: <http://ahca.myflorida.com/hipaa/pdf/HIPAAAuthorization.pdf>



Communication Aid/Service or Accommodation Request

Location where communication aid or accommodation is needed: _____

Date communication aid or accommodation is needed: _____

Please describe the specific communication aid or accommodation requested:

Please provide any additional information that might be useful in reviewing your request:

Signature: _____

Date: _____

PRIVACY POLICY

Submitted information is maintained and destroyed according to the Florida Agency for Health Care Administration Notice of Privacy Practices. Copies of this notice can be viewed at: <http://ahca.myflorida.com/hipaa/privacynotice.shtml>



FOR ADMINISTRATIVE USE ONLY:

REQUEST NO. _____

ACTION TAKEN: