



PROCEDURE WHEN FILING A PART D GRIEVANCE

Please fill out and sign the attached Grievance Form. Be specific and include as much information as possible about the reason the bill or service should be reviewed by VISTA or about the nature of your dissatisfaction regarding our staff or providers. If you have medical reports or other documentation that has not been reviewed previously by VISTA, please forward with the form for consideration.

If you are filing a grievance on behalf of a VISTA member, it will be necessary to submit a signed statement from the member prior to consideration of the grievance.

If you have any question(s) regarding this form or the grievance process, please call the Customer Service Department at 1-866-VISTA-FL (1-866-847-8235), TDD 1-888-444-7352, Monday through Friday from 8:00am to 6:00pm. Detailed information about the grievance /appeal process is included in your Evidence of Coverage.

Send the completed form and any attachments to:

Grievance & Appeal Administrator
VISTA
1340 Concord Terrace
Sunrise, Florida 33323

Thank you for taking your time to advise us of your concerns.



MEDICAL RELEASE FORM

| | | |
|---------------------|---------------------|----|
| PATIENT (LAST NAME) | FIRST NAME | MI |
| GROUP NUMBER | PATIENT'S ID NUMBER | |

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize and request any insurance company, organization, employer, hospital, physician or surgeon to provide information requested by Vista Healthplan concerning any illness, injuries or medical history pertaining to me.

PATIENT'S SIGNATURE

DATE

(If patient is a minor, parent or guardian must sign)

Your medical records are documents that contain information about your medical treatments. To safeguard your privacy, this information can only be released with your written consent or if required by law. In order to maintain the strict confidentiality of your medical records Vista Healthplan (VISTA) has confidentiality policies in place, instructs facilities, providers and medical record departments in keeping medical records confidential, and requires all VISTA employees to sign a confidentiality statement.

Identifiable information is data within your medical record that may cause you to be recognized or known. An example of identifiable information is your name, address or social security number. When you enrolled at VISTA, consent was given to use your identifiable information for general treatment, coordination of care, quality assessment, utilization review, fraud detection or accreditation purposes. If any member-identifiable information is to be used for any other purpose or shared with any other organization, VISTA must first obtain clear and specific consent from you, unless the release of information is legally required.

As a VISTA member, You have the right to:

- Review your health information as well as review which departments or agencies have access to your identifiable health information.
- Protection against unauthorized disclosure of your identifiable health information.
- Approve the release of identifiable information beyond VISTA unless mandated by law.
- Give explicit consent prior to your employer having access to your identifiable health information unless mandated by law.
- Protection against the release of any identifiable health information for the collection, use or sharing of data.
- Expect that all information used for research or performance measurement will be limited, in that all data will be de-identified or aggregated before released.
- Contact VISTA's Customer Service Advocates to file a complaint or appeal if you feel that your identifiable health information was used without proper consent.

PLEASE BRING THIS TO YOUR NEW PRIMARY CARE PHYSICIAN UPON YOUR INITIAL VISIT.