



Member Acknowledgment Form

I, _____ have been offered a copy of the Medicaid
(Member's Name)

Member Handbook. My provider has shown me where to find it online or how to ask for a printed copy from Optum. I understand this handbook gives me information about my benefits. It also talks about my rights and responsibilities. My provider has shown me important things in the handbook. They showed me where to find information about:

- How to access emergency services
- How to access transportation
- How to choose a provider
- How to file a grievance or appeal

I have been shown how to find the Optum Notice of Privacy Practices.

I understand that if I have been treated unfairly, I may file a complaint. If I have been discriminated against, I may file a complaint. I can do this by contacting Optum Tooele County at:

1-800-640-5349.

My provider has gone over these materials with me. My provider has answered my questions.

Printed Member Name

Member Signature / Legal Guardian Signature

Date

Minor Signature

Date

Interpreter Signature (if needed)

Date