

## **Important Information**

### **PAYMENT AGREEMENT INFORMATION**

- Your payment agreement amount is an annual fee to join CSHCS.
- The total family income amount that is listed on the federal tax return must be used even when it includes a step parent's income.
- Although you can make monthly payments, you will still need to pay the entire fee even if you do not use program services or CSHCS coverage ends.
- Coverage does not guarantee that clients will receive all desired services.
- Please be sure you understand the details before you sign & send us your Income Review/Payment Agreement form.
- For help call 1-800-359-3722 or the CSHCS office in your local health department.

### **AUTHORIZATION TO DISCLOSE PROTECTED**

### **HEALTH INFORMATION**

Due to privacy laws, CSHCS staff can only share information with those you list on Page 1, Section 2 of the CSHCS Application. If you want CSHCS to share information with additional people not listed in Section 2 (Example: step-parent, grandparent, friend, parent if client is 18 or older) you must complete and return the Authorization to Disclose Protected Health Information form.

### **ATTENTION GUARDIANS**

Due to privacy laws, CSHCS must have a copy of the court-issued Letter of Guardianship to document court-appointed guardianship. Please send this with your application. *(Note: Parents of a minor child do not need to send anything.)*