

## Communication Aid/Accommodation Request Form

The Independent Living Systems, LLC ("ILS") 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 email your request, as far in advance as possible, to <u>ComplianceDepartment@ilshealth.com</u>, or submit to:

Eric Miller Civil Rights Compliance Coordinator Independent Living Systems 201 E. Park Avenue, Suite 400B Tallahassee, FL 32301

## **Requester Contact Information**

| Name:              |   |
|--------------------|---|
| Address:           |   |
|                    |   |
| Telephone:         |   |
| Email:             |   |
| Preferred metho    | d of contact:   |
| Authorized Repr    | esentative Making Request (if different than requester) |
| Name:              |   |
| Relationship to re | equester:   |
| Address:           |   |
|                    |   |
| Telephone:         |   |
| Email:             |   |
| *Please            | d of contact*:  |



request, you must obtain a signed HIPAA authorization release form from the requester. This document can be found at: <u>https://ilshealth.com/hipaa/pdf/HIPAAauthorization</u>

## **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

Request No.\_\_\_\_\_ (For official use only)



Submitted information is maintained and destroyed according to ILS Notice of Privacy Practices. Copies of this notice can be viewed at: <a href="https://ilshealth.com/hipaa/pdf/privacynotice">https://ilshealth.com/hipaa/pdf/privacynotice</a>

FOR ADMINISTRATIVE USE ONLY:

REQUEST NO.\_\_\_\_\_

**ACTION TAKEN:**