

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: https://ilshealth.com/hipaa/pdf/privacynotice

FOR ADMINISTRATIVE USE ONLY:

REQUEST NO._____

ACTION TAKEN: