



### Educational Tutorial Services Authorization Form

Simply Healthcare Plans, Inc. — Florida Healthy Kids offers in-home tutorial services to members at no cost through Educational Tutorial Services (ETS). Remote and online tutoring are also options. By completing this form, the member or their parent/legal guardian allows Simply — Florida Healthy Kids to get and share member data with ETS. Data will be shared for the purpose of coordinating tutorial services and in an effort to support the member during the length of their services.

#### Member information

Full name: \_\_\_\_\_ Sex:  Female  Male

Member ID: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

Phone number(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

#### Education information

Teacher's name: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Grade: \_\_\_\_\_ Current grade point average (GPA): \_\_\_\_\_

School year for proposed services: \_\_\_\_\_

#### Subject area(s) requiring tutorial services:

English  Mathematics  Language arts  Sciences

Please sign and email this form to [FLMembers@simplyhealthcareplans.com](mailto:FLMembers@simplyhealthcareplans.com).  
Email the form as an attachment or as pictures from a smartphone.

I understand Simply — Florida Healthy Kids may need to disclose only the least amount of Protected Health Information (PHI) because of this authorization (approval), which may include:

- The member’s contact information
- The information on this form, along with educational information
- The member’s learning disabilities, ADHD, and behavioral issues, if any, that could directly impact their ability to learn

Other health information will not be shared with the tutor.

I have read the contents of this form. I understand, agree and authorize Simply — Florida Healthy Kids to use and release member information to ETS to coordinate tutorial services. I understand signing this form is of my own free will. I also know Simply — Florida Healthy Kids does not require I sign this form for the member to:

- Get treatment
- Get payment
- Enroll
- Be eligible for health plan benefits

However, I understand Simply — Florida Healthy Kids may not be able to refer the member to ETS unless I allow them to do so.

I have the right to withdraw (remove) this authorization at any time by telling Simply — Florida Healthy Kids in writing. This authorization will be active until it is withdrawn or tutorial services have ended, whichever occurs first. I understand withdrawing this authorization will not affect any action taken before I do so. I also know the person or group who gets released information may give it out. If this happens, the HIPAA Privacy Rule may no longer protect it. I have the right to a copy of this form.

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Signature (parent or guardian if member is a minor) \_\_\_\_\_ Date \_\_\_\_\_