



### Minor Parental Authorization

|                              |                  |
|------------------------------|------------------|
| Parent or Legal Guardian of: | SCHA Member ID # |
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The Department of Human Services requires a parent or legal guardian to sign a parental authorization to allow any minor younger than 18 years of age to receive non-emergency medical transportation services to medical appointments without being accompanied by a parent or legal guardian.

The RideConnect transportation scheduler must receive the signed parental authorization before scheduling any transportation for a minor traveling without a parent or legal guardian. The signed authorization is valid for 12 months from the date of authorization.

Return the signed parental authorization to South Country Health Alliance, Attn: RideConnect Transportation, 2300 Park Drive, Suite 100, Owatonna, MN 55060

Contact the following with any concerns or questions: South Country Health Alliance Member Services toll-free at 1-866-567-7242 (TTY 1-800-627-3529 or 711).

I authorize RideConnect transportation to schedule non-emergency medical transportation for my minor dependent who is younger than 18 years old. I also authorize transportation for my minor dependent to and from medical appointments. I understand that this authorization allows a non-emergency transportation provider to transport my minor dependent to and from South Country Health Alliance approved appointments without being accompanied by a parent or legal guardian.

***By signing below, I indicate I have read and understand this parental authorization.***

I have also included names of people who may receive my child when dropped off in my absence (use an additional sheet of paper, if needed). The parental authorization is valid for 12 months from the date of authorization.

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

Date of Authorization \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

**Note:** It is very important that you provide an emergency contact. If you choose not to provide an emergency contact and we are not able to contact a parent or guardian for your child in an emergency, we will need to leave your child in the custody of the nearest authority.

List of receivers: \_\_\_\_\_

\_\_\_\_\_

**SCHA Member Services 1-866-567-7242, TTY 1-800-627-3529 or 711**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုာ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘၣ်လိာ်ဝဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law.** South Country Health Alliance (SCHA) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services:** SCHA provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs.

**Contact** SCHA Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

**Language Assistance Services:** SCHA provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** SCHA Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by SCHA. You may contact any of the following four agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director  
 U.S. Department of Health and Human Services' Office for Civil Rights  
 200 Independence Avenue SW  
 Room 509F  
 HHH Building  
 Washington, DC 20201  
 800-368-1019 (voice)  
 800-537-7697 (TDD)  
 Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

## SCHA Complaint Notice

You have the right to file a complaint with SCHA if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Attn: Civil Rights Coordinator  
South Country Health Alliance  
2300 Park Drive, Suite 100  
Owatonna, MN 55060  
Toll Free: 866-567-7242  
TTY: 800-627-3529 or 711  
Fax: 507-444-7774  
Email: [grievances-appeals@mnscha.org](mailto:grievances-appeals@mnscha.org)

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American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

SCHA LB/CB-4068