

From: Johnny Five <noreply@consentexample.healthcaresolutionstx.com>
Sent: Sunday, August 20, 2023 7:01 PM
To: admin@lincolnstreetmedia.com
Subject: New Form Entry for ACA Consent Form

Consumer Consent Authorization and Privacy Notice Form

Revised 08/2023

The Centers for Medicare & Medicaid Services (CMS) requires health insurance agents/brokers to obtain consumer consent prior to providing assistance to Marketplace consumers. Assistance may include, but is not limited to:

- Conducting a search for consumer application using approved Classic Direct Enrollment (DE)/Enhanced Direct Enrollment (EDE) websites in the Marketplace,
- Helping with applying for financial assistance or enrolling in a Marketplace Qualified Health Plan (QHP),
- Assisting with completing an eligibility application,
- Assisting with plan selection and enrollment, and
- Assisting with ongoing account and/or enrollment maintenance.

CMS authorizes agents and brokers to create, collect, disclose, access, maintain, store, and use specific data and personally identifiable information (PII). The information collected from you is used to help you with Marketplace enrollment, along with the other instances listed above. This information will be submitted to CMS and will be maintained in a federal System of Records.

Providing your PII is voluntary. If you choose not to provide us with the PII requested or decline to answer questions on the Marketplace enrollment application, we will not be able to assist you in enrolling in a Marketplace QHP. Please visit [Healthcare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) directly for further assistance if you choose not to provide consent or requested PII.

Duration of Consent: This consent will remain authorized unless you revoke, limit, or otherwise change your response. If you don't make any limitations, exceptions, or changes to your consent now, you can still do so at any time in the future by notifying the agent below.

Use of Electronic Signatures: Each party agrees that this Consent form and any associated documents may be electronically signed, and that any electronic signatures appearing on this Consent form or associated documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

You have a new website form submission:

1. **First and Last Name**
Johnny Five
2. **Relationship to Consumer**
Self
3. **Today's Date**
08/20/2023
4. **Exceptions or Limitations to Consent**
NA

5. Please check the box of the agent helping you today:

Super Agent 1 NPN:123456

6. Please enter your signature here

A handwritten signature in black ink that reads "Johnas Five". The signature is written in a cursive style with a large initial 'J' and a period after the word 'Five'.

7. **Consent**

checked

This message was sent from <https://consentexample.healthcaresolutionstx.com>.