



# Member Bulletin

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## Happy New Year from Smile, California

Happy 2023!

The new year is a great time to set good oral health habits for you and your children. This means brushing and flossing your teeth two times every day. It also means visiting the dentist regularly.

The *Smile, California* website has valuable information to help you and your family learn how to care for your smiles.

- The [Find A Dentist](#) tool can help you find a great dentist in your area.
- Our [Videos](#) page has video lessons for children and adults.
- The [Members](#) page has the Member Bulletin, the Member Handbook, and other resources to help you use your Medi-Cal dental benefits.
- Our [Covered Services](#) page guides you and your family to good oral health.
- And much more.

Members 21 and over are covered to have a dental check-up **every 12 months**. Members under age 21 are covered to have a dental check-up **every six months, and sometimes more**.

Visit the [Smile, California](#) website to see how your Medi-Cal

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Learn more about free or low-cost dental services to help keep you and your smile healthy at [SmileCalifornia.org](https://SmileCalifornia.org).

### FIND A DENTIST

Click for a complete list of Medi-Cal dental providers in your area.



dental benefits can help you and your family keep your great smiles.

If you need more help, you can call the Telephone Service Center at 1-800-322-6384.

## Your Protected Health Information How to Assign an Authorized Representative

Did you know that you can give another person access to your dental information?

To allow Medi-Cal Dental to discuss your Protected Health Information (PHI) with anyone other than yourself or your legal Personal Representative (PR), you must assign an Authorized Representative (AR). An AR can be any trusted person you choose. Giving an AR is optional. You do not need an AR to discuss your own PHI.

To give someone permission to discuss your PHI with us, you will need to do one of the following:

- **Give your verbal consent.** For example, if you and a trusted person call Medi-Cal Dental, a representative will ask you if your PHI can be discussed with the other person. You can reply “yes” to give verbal consent. This kind of permission is only good for that call.
- **Complete, sign, and submit an AR form.** An AR form authorizes us to speak to your trusted person without you needing to be on the call each time.
  - You can find the form on the Medi-Cal Dental website [here](#).
  - You can send the completed form to: [memberformreturn@delta.org](mailto:memberformreturn@delta.org) or mail the completed form to the address below:

Medi-Cal Dental Program  
Attn: Information Security/Privacy Office  
P.O. Box 15539  
Sacramento, CA 95852-1539

Please remember the important tips below when submitting an AR form. These will help us efficiently process your AR request.

- **Do not list multiple names on one AR form.** There is no limit to how many ARs you can have, but you must submit a separate form for each person you choose as an AR.

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- **Print clearly.** We use the information you provide on the AR form to verify your AR when they call us.
- **Be very specific with any special instructions.** Your AR may help you with all duties related to Medi-Cal Dental, but you can also limit the AR duties. Examples of AR duties include:
  - Give us the information we ask for
  - Report changes
  - Provide assistance during calls to Medi-Cal Dental
  - Help with State Hearings and complaints
- **Both you and your AR must sign the AR form.** If we do not receive a completed AR form signed by you and your AR, we cannot release your PHI to that person.

Aside from you and your AR, we only share your PHI with your dental provider or legal PR. Examples of a PR include parents of a minor, legal guardian, Medical Power of Attorney, Executor of Estate, or a deceased person's next of kin. An AR is not the same as a PR. A PR can make health-related decisions, and an AR cannot.

You can find more information about ARs by reading [Information about Authorized Representatives and Treatment Authorization Requests](#) and [Member Authorized Representative Frequently Asked Questions](#). If you have questions about ARs or the AR form, please call the Telephone Service Center at 1-800-322-6384.

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# Language Assistance

## **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-322-6384 (TTY: 1-800-735-2922).

## **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-322-6384 (TTY: 1-800-735-2922).

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-322-6384 (TTY: 1-800-735-2922).

## **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-322-6384 (TTY: 1-800-735-2922).

## **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-322-6384 (TTY: 1-800-735-2922). 번으로 전화해 주십시오.

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-322-6384 (TTY: 1-800-735-2922)。

## **Հայերեն (Armenian)**

ՈՒՇԱՄԻՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ։ Ձանգահարեք 1-800-322-6384 (TTY (հեռատիպ)՝ 1-800-735-2922):

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-322-6384 (телетайп: 1-800-735-2922).

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-322-6384 (TTY: 1-800-735-2922) تماس بگیرید.

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-322-6384 (TTY: 1-800-735-2922) まで、お電話にてご連絡ください。

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### **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-322-6384 (TTY: 1-800-735-2922).

### **ਪੰਜਾਬੀ (Punjabi)**

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-322-6384 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।

### **العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-322-6384 (رقم هاتف الصم والبكم: 1-800-735-2922).

### **हंदी (Hindi)**

ध्यान दें: यदि आप हंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-322-6384 (TTY: 1-800-735-2922) पर कॉल करें।

### **ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-322-6384 (TTY: 1-800-735-2922).

### **ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករយើងនឹងជួយអ្នក ដោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-322-6384 (TTY: 1-800-735-2922)។

### **ພາ ສາ ລາ ອ (Lao)**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-322-6384 (TTY: 1-800-735-2922).