

IF YOU CHOOSE TO HAVE SOMEONE REPRESENT YOU, YOU MUST COMPLETE, DATE AND SIGN THE DHHS “APPOINTMENT OF AUTHORIZED REPRESENTATIVE” FORM. ALSO, IF YOU INTEND THAT THE AUTHORIZED REPRESENTATIVE HAVE ACCESS TO VIEW, COPY OR ACCESS YOUR PROTECTED HEALTH INFORMATION OR OTHER CONFIDENTIAL OR IDENTIFIABLE INFORMATION (“PROTECTED INFORMATION”) AND THAT PERSON DOES NOT ALREADY HAVE LEGAL STANDING OR A COURT ORDER THAT AUTHORIZES THE PERSON TO HAVE SUCH ACCESS THEN YOU MUST SUBMIT A DULY COMPLETED AND SIGNED “AUTHORIZATION TO RELEASE INFORMATION FORM.” THE FORMS CAN BE FOUND AT THE “FORMS” LINK BELOW.