

AUTHORIZED REPRESENTATIVE FORM

HCAI-Legal-561 (New 8.24.23)

- If you want to give another person permission to represent you or assist you with your complaint, complete Parts A and B below.
- **If you are a parent or legal guardian submitting this complaint for a child under the age of 18, you do not need to complete this form.**
- If you are filing this complaint for a patient and you are designated by law to act on behalf of the patient, please complete Part B only. You must attach a copy of the documentation that gives you legal authority to act as the patient's authorized representative.

PART A: COMPLETED BY PATIENT

I allow the person named below in Part B to act on my behalf in my complaint filed with the Department of Health Care Access and Information (HCAI). I allow HCAI staff to share financial information and information about my medical condition(s) and related care with the person named below. I understand and acknowledge that these records may include financial information, billing, medical, mental health, substance abuse, HIV, diagnostic imaging reports, and other records related to the complaint.

My approval of this representation is voluntary, and I have the right to end it. If I want to end it, I must do so in writing.

1. Patient Signature

2. Print Patient Name

3. Date: _____

PART B: COMPLETED BY PERSON ASSISTING PATIENT

4. Name of Patient: _____

5. Name of Authorized Representative: _____

6. Relationship to Patient: _____

7. Mailing Address, City, State, ZIP Code (5-digit), Country Name

8. Phone Number

9. Email Address

10. Signature of Authorized Representative

11. Date

12. My documentation of legal authority to act as the patient's authorized representative is attached. (Check if applicable).