

2 Executive Park Drive Bedford, NH 03110

AUTHORIZED REPRESENTATIVE FORM

You have the right to choose someone to represent you during your Grievance or Appeal with NH Healthy Families. To designate a representative, please complete this form and return it to NH Healthy Families. You may revoke this designation at any time by submitting a request to us in writing. Please note, if we do not receive a signed Authorized Representative Form in the timeframe needed, your request may not be processed. If any such action is taken, you will be notified in writing.

1. I hereby give permission to ________ to act as my Authorized Name of designated representative

Representative to NH Healthy Families and to share information listed below in Section 2 regarding my Appeal or Grievance with NH Healthy Families or its delegate.

- 2. If eligible, I want my service to continue during the appeal process.
 - □ Yes
 - 🗌 No
- 3. NH Healthy Families may share the following information (*check all that apply*):
 - □ Eligibility notices and information about eligibility for and access to my New Hampshire Healthy Families benefits
 - □ Information about my medical treatment (including medical and psychiatric records). By giving my representative permission to share my information, I am specifically giving permission to share any information about drug and alcohol treatment that is included in such information.
 - □ Other: (*specify*) _____
- 4. NH Healthy Families may share information listed in Section 2 above with the person or organization who is serving as my Authorized Representative.
- 5. NH Healthy Families may share the information listed in Section II for the timely resolution of my Appeal.
- 6. This permission is good until: ___/__/___. Date
- 7. I understand that I may cancel this permission at any time by sending a letter to:

NH Healthy Families

2 Executive Park Drive, Bedford, NH 03110

Phone: 1-866-769-3085 (TDD/TTY 1-855-742-0123), Fax: 1-866-270-9943

I have had the opportunity to read and consider this Authorization and agree to its terms.

Date

Printed Name

Signature

1-866-769-3085 TDD/TTY 1-855-742-0123

NHhealthyfamilies.com