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 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

________________________________________ARIO
Printed Name

________________________________________
Signature

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

NHhealthyfamilies.com