



nh healthy families™

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 New Hampshire Healthy Families. To designate a representative, please complete this form and return it to New Hampshire 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 for resolving your Appeal, your appeal may be dismissed. 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 New Hampshire Healthy Families and to share information listed below in Section 2 regarding my Appeal or Grievance with New Hampshire Healthy Families or its delegate.

2. New Hampshire 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*)

3. New Hampshire Healthy Families may share information listed in Section 2 above with the person or organization who is serving as my Authorized Representative.

4. New Hampshire Healthy Families may share the information listed in Section II for the timely resolution of my Appeal.

5. This permission is good until: ____/____/____.
Date

6. I understand that I may cancel this permission at any time by sending a letter to:

New Hampshire Healthy Families
2 Executive Park Drive
Bedford, NH 03110
Toll Free: 1-866-769-3085 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: 1-855-742-0123

NH Healthy Families is underwritten by Granite State Health Plan, Inc.

www.NHhealthyfamilies.com