



Executive Office of Health and Human Services

*Authorized Representative for Appeals Designation*

**I. AUTHORIZED REPRESENTATIVE FOR APPEALS**

**You have a RIGHT** to name an authorized representative to assist you with your appeal. The authorized representative for any public services or benefits that you receive through the state may or may not be the same individual that you wish to designate as an authorized representative to help you with your appeal.

At HealthSource RI we are required to protect the privacy of your personal information and we are not permitted to disclose certain kinds of protected information. Despite those protections, some kinds of information may be helpful to you and/or your authorized representative so that you/he or she can better understand your eligibility for certain programs and prepare for your appeal.

If your appeal involves certain kinds of information that are personally identifying to you and involve information from the Internal Revenue Service and the Social Security Administration, you may be asked to complete a Consent to Disclose Protected Information in addition to this form.

The authorized representative designation must be made in writing or by contacting the HealthSource RI Contact Center at 1-855-849-4774.

If you would like to authorize such representative(s), write the person's name below.

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Last Name	First Name	Middle Initial
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Address	City	Zip
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By signing below you acknowledge that you understand the information provided above and wish to designate the person named on this form as your authorized representative.

\_\_\_\_\_  
Your Signature