

VIVA Medicare Plus
APPOINTMENT OF REPRESENTATIVE
WITH AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION

I wish to appoint a personal representative with the authority to act and make decisions on my behalf related to my coverage through VIVA Health with VIVA Health and VIVA Health's Business Associates. This includes but is not limited to the ability for my representative to choose and change my providers, to access my eligibility, enrollment, and claims information and to file a grievance on my behalf (please note that a separate form is required to file an appeal). It also includes the ability of my representative to receive my medical information, including, but not limited to, any information related to HIV status, pregnancy, mental health, substance abuse and sexually transmitted diseases.

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") in the possession of VIVA Health or its Business Associates by VIVA Health or its Business Associates to the person listed as my representative below. I understand that this authorization is strictly voluntary and is not required to enroll with or receive benefits from VIVA Health. Once this information has been disclosed, it may be subject to re-disclosure and no longer be protected by federal privacy regulations. I understand that disclosures made pursuant to this authorization will not be included in an accounting of disclosures.

This appointment of representative and authorization will become effective as of the date of my signature below and will remain in effect until such time as it is revoked. I understand that I may revoke this appointment of representative and authorization at any time by notifying the VIVA Health Privacy Officer in writing, but if I do, it will not have any affect to the extent VIVA Health took action in reliance on the appointment of representative and authorization.

Your name: _____

Your Social Security Number: _____ - _____ - _____

Your Date of Birth: ____ / ____ / ____

Representative's Name: _____

Representative's Telephone Number: _____

Representative's Address: _____

Relationship of Representative to You: _____

Your Signature: _____

Date: ____ / ____ / ____

Representative's Signature: _____

Date: ____ / ____ / ____