# Authorization for Designated Client Representative

## Read this information first:

You should complete this form if you wish to authorize someone to act on your behalf to file a grievance or an appeal. This will allow the assigned person acting as your Designated Client Representative (DCR) to contact Colorado Health Partnerships and speak to us on your behalf.

**Mail this form to: Colorado Health Partnerships, 9925 Federal Drive, Suite 100, Colorado Springs, CO 80921 or Fax to: 719-538-1433**

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**Step 1: Complete the demographic information for the person receiving services:**

**1. _____ 2. __ __ / __ __ / __ __ __ __**
**Name** **Date of Birth**

**3. _____ 4. (__ __ __) __ __ __ - __ __ __ __**
**Address** **Home Phone Number**

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**Step 2: Tell us the reason for the Designated Client Representative:**

**7.** Check the appropriate box to indicate the reason you are assigning a DCR:

a. Designated Client Representative for an Appeal ☐

b. Designated Client Representative for a Grievance ☐

**Step 3: Tell us who you are authorizing to act as your Designated Client Representative:**

**8.** _____
Name of Authorized person

**9.** _____
Address of Authorized person

**10. OPTIONAL:** authorization termination date: __ __ / __ __ / __ __ __ __

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**Step 4: By filling out and signing this form, you understand that:**

- You do not have to complete this authorization and your refusal will not affect your benefits;
- The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws;
- You have a right to revoke this authorization at any time by completing and sending to Colorado Health Partnerships a "Revocation of Authorization" Form, which may be obtained from Colorado Health Partnerships;
- You have a right to receive a copy of this signed authorization.

**12.** _____ _____
Person receiving services***** Date

**13.** _____ _____
Parent and/or Guardian (if applicable) Date

**14.** _____ _____
Designated Client Representative's relationship** Date

***Minor Children must sign this form if they are 15 years of age or older.**

****Parents cannot sign for minor children 15 years of age or older.**