



Authorized Representative Form and Authorization for Release of Protected Health Information

You can choose to have a person, your representative, communicate with Alameda Alliance for Health (the Alliance) on your behalf. We will work with this person just as we would with you. Your representative may act for you in most health care matters and receive and disclose your Personal Health Information.

Section 1: Individual Authorizing Disclosure

Name of Member or Parent/Guardian authorizing disclosure	
Signature of Member or Parent/Guardian authorizing disclosure	Date
Address	City
State	Phone

Section 2: Alliance Member

Name of Alliance Member	Member's Alliance ID #
-------------------------	------------------------

Section 3: Type of Information

I authorize the use and disclosure of any Personal Health Information, which includes treating providers of care, diagnoses, procedures, demographic information, claims for coverage or benefits, and receipt of any approvals or authorizations required for medical services. **This also includes mental health, drug or alcohol abuse, and AIDS-related information, if applicable.**

This authorization does not give the representative authority over treatment or direct-care decisions. Nor does it alter how the Alliance processes your health care services.

Section 4: Authorized Use and/or Disclosure

I appoint the person named below to act as representative for me and/or my minor child (the Alliance member named above). I authorize the representative to receive, discuss, and disclose Personal Health Information. I acknowledge that my authorization is voluntary. I understand that I may revoke it at any time by giving written notice to the Alliance at the address below.

Section 5: Acceptance of Appointment

I accept the above appointment.

Name of Authorized Representative	Name of Organization
Signature of Authorized Representative	Date
Address	City
State	Phone

Return this form to: Attn: Care Coordination
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Or fax this form to: 1-855-891-7172