

APPOINTMENT OF REPRESENTATIVE

Use this form if you want Spring Health to grant access to someone other than you to administer your Spring Health services and have access to your personal health information (Third Party Representative) on an ongoing basis **OR** if you are a Legal Guardian or Appointed Legal Representative of a Spring Health Member and are authorized to manage their healthcare.

1. Member Name (First, Last) *Please add your full name.*

2. Member Email *If you do not have an email, please add your phone number or the name of the company that sponsors your Spring Health benefit.*

3. Member Date of Birth (MM/DD/YYYY) *Please add your date of birth.*

Section 1: Type of Request

If you want to authorize a close friend or family member to discuss your care and manage your account, please check the first box and complete section 2 only.

If you are a legal guardian or appointed legal representative, please check the second box and complete section 3 only.

- Third Party Representative (if selected, proceed to Section 2)**
- Legal Guardian or Appointed Legal Representative (if selected, proceed to Section 3)**

Section 2: Complete this section to grant a Third Party Representative (parent, spouse, partner, etc.) access to manage your Spring Health services.

I _____ appoint _____, _____, to act as
Your name, the member Printed name of third party rep. Relationship to you, the member

my representative in connection with my Spring Health benefits, claims and/or treatment. I authorize this individual to make any request; to present or to elicit evidence; submit grievances, to obtain grievance or other information; and to receive any notice in connection with my claims, grievances or requests. I understand that personal medical information related to my care will be disclosed to the representative indicated below, as if they were me.

Member Signature

Date MM/DD/YYYY

Third Party Representative Contact Information

If you want to authorize a close friend or family member to discuss your care and manage your account, please add their contact information.

Email

Phone Number

Section 3: Complete this section if you are a Legal Guardian or Appointed Legal Representative of a Spring Health Member and are authorized to manage their healthcare.

I _____ are legally authorized to act as the **Legal Guardian or Appointed**
Print your name, the legal guardian

Legal Representative representative of _____ in connection with their
Print the member's name

Spring Health benefits, claims and/or treatment. I'm authorized to make any request(s); to present or to elicit evidence; submit grievances, to obtain grievances or other information; and to receive any notice in connection with their claims, grievances or requests. I'm duly authorized to access and receive personal medical information related to their care as if I were them.

I am attaching the supporting documentation (e.g., Court Order, Power of Attorney, Guardianship Papers, any other legal representation documentation) for the processing of this request. *If you are a legal guardian or appointed legal representative, please sign and add your contact information below.*

Signature

Date

MM/DD/YYYY

Phone Number

Email Address

Mailing Address (number, street, city, state, ZIP code)
