Mass General Brigham
Health Plan

Authorized personal representative designation request form **(All fields are required when applicable)**

Section 1 – Member Information

Member name:	Member ID (numbers and letters):	Birth date: (MM/DD/YYYY):
Address:		
Phone number:		

Section 2 – Authorized personal representative information

Name:	Birth date: (MM/DD/YYYY)
Mailing address:	
Phone number:	

Relationship to member: ** Denotes supporting documentation required for processing*

☐ Relative, friend, other ☐ Guardian* ☐ Power of attorney* ☐ Executor of estate* ☐ Parent ☐ Provider

Effective date:	Termination date:

Unless otherwise noted, this authorization remains in effect through the member's enrollment or until revoked in writing.

Section 3 – Scope of authorization details

Place your initials in each box to indicate the scope of information you are authorizing Mass General Brigham Health Plan to discuss or disclose to your designated Authorized Personal Representative. Initial all that apply.

☐ **All information**: I authorize the disclosure and/or release of claims, billing, benefits, enrollment, eligibility, pharmacy (if applicable), Behavioral Health diagnosis, procedures, provider details, and any of my **non-sensitive** information contained in the Designated Records maintained by Mass General Brigham Health Plan.

☐ **Appeals & Grievances**: In addition to the information above, I authorize the disclosure and/or release of information concerning any current or future appeals or grievances that I or my Authorized Personal Representative initiate with Mass General Brigham Health Plan.
Please note: When designating a Provider as an ACO member's authorized Representative, Mass General Brigham Health Plan will communicate with the provider only if there is a signed form on file prior to the deadline for responding to the appeal or grievance.

☐ **ACO/MassHealth members only**: I authorize my Authorized Personal Representative to obtain and release my clinical and claims data through a third-party app of my personal representative's choice. This may include any and all applicable data listed in Section 3 and Section 4. Mass General Brigham Health Plan has no control over third-party apps. Third-party apps are not subject to the same information privacy and security rules as Mass General Brigham Health Plan. For more information about selecting a third-party app, we encourage you and your personal representative to visit our Website at **MGBHP.org/interoperability**.

Section 4 – Sensitive information

I also consent to the disclosure and/or release of my sensitive/privileged information on file with Mass General Brigham Health Plan. **Initial all that apply**. Please note that unless authorized by your initials, Mass General Brigham Health Plan will **not** release any of the information below to your Authorized Personal Representative.

_____ All HIV/AIDS-related information, including test results and diagnosis

_____ Information that includes mention of or treatment for sexually transmitted diseases

_____ Information that includes mention of or treatment for pregnancy or termination of pregnancy

_____ Psychiatric/psychological information

_____ Treatment for alcohol/drug use information

Section 5 – Agreements

By submitting this form, you understand and agree that:

- You have the right to choose one or more persons to act on your behalf with respect to your Protected Health Information (PHI).
- You authorize Mass General Brigham Health Plan and its contracted vendors to share your Protected Health Information with your Authorized Personal Representative as outlined above.
- This form is **not** a Health Care Proxy and does **not** authorize your Authorized Personal Representative to make medical decisions on your behalf.
- Once PHI is disclosed, Mass General Brigham Health Plan cannot guarantee that the Authorized Personal Representative will not re-disclose the information to a third party.
- Any modifications will require submission of a new form.
- This authorization is voluntary and you may refuse to sign it or may revoke it at any time and for any reason by notifying Mass General Brigham Health Plan in writing. Refusing or revoking this authorization will not affect the commencement, continuation, or quality of your Mass General Brigham Health Plan's treatment, health plan enrollment, or benefit eligibility.
- This authorization will remain in effect until either 1) the termination date you have indicated above, 2) through the end of your enrollment with Mass General Brigham Health Plan, or 3) until you provide a written notice of revocation to Mass General Brigham Health Plan.
- If you submit a request to revoke this authorization, the revocation will be effective immediately upon Mass General Brigham Health Plan's receipt, but it will not apply to any actions taken prior to the date your request was received and processed.

Section 6 – Required signatures

Member signature _____ **Date** _____

Member must be at least 18 years of age or otherwise legally able to make such authorization.

Personal representative signature _____ **Date** _____

If someone other than the member is submitting this form, please complete the information below. For legal representatives, supporting documentation must accompany this form.

Name _____ **Relationship to member** _____

Return completed, signed form by email, mail, or fax as follows:

Email: MGBHPCS@mgb.org
Print, sign, scan, and then email the completed form.

Mail: Mass General Brigham Health Plan
Customer Service Department
399 Revolution Drive, Suite 810
Somerville, MA 02145

Fax: 617-526-1985

Please allow 10 business days for processing.

Important definitions

Appeal
A request for a health plan to review a decision on a denied benefit or payment due to clinical or administrative reasons. You may also file an appeal if you disagree with a decision by Mass General Brigham Health Plan to stop coverage for services that you are receiving.

Authorized Personal Representative
A third-party individual designated in writing to be granted the same rights as the Member when transacting with Mass General Brigham Health Plan, except for any specified limitations.

Designated record set
A group of records maintained by or for Mass General Brigham Health Plan that includes information contained in the enrollment, payment, claims adjudication, and case management record systems, as well as any other information used in whole or in part to make decisions about you. This includes records held by Mass General Brigham Health Plan's business associates that meet the definition of a Designated Record Set.

Executor of estate
The individual responsible for managing the affairs of a deceased person's probate estate.

Grievance
Any oral or written complaint/expression of dissatisfaction submitted to Mass General Brigham Health Plan or one of its utilization management designees by a member about care or service received from Mass General Brigham Health Plan or from a participating provider. This type of complaint concerns the service you receive or the quality of your care and does not involve a dispute with a coverage or payment decision.

Guardian
A person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person.

Health care proxy
A legal document that allows a person to appoint someone they know and trust to make health care decisions if, for any reason and at any time, the person becomes unable to make or communicate those decisions.

Parent
The parent(s) on file with Mass General Brigham Health Plan.

Provider
A doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or a clinical social worker authorized to practice and perform within the scope of their practice as defined by State law.

Power of attorney
An individual granted with a legal document giving him/her the authority to act for another person in specified or all legal or financial matters and make decisions on the person's behalf.

Protected Health Information (PHI)
Any information about health status, provision of health care, or payment for health care that is created or collected by Mass General Brigham Health Plan or one of our business associates and can be linked to a specific individual.