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| Γ | T For County Use Notice Date: Case Number: | e Only: |
| L | J Worker Name: Worker ID Number: Worker Phone Number: Office Hours: Office Address: | |

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Notice of Authorized Representative Appointment

This notice is for applicants, beneficiaries and recently appointed authorized representatives. This notice applies to

You got this notice because:

- You appointed a Medi-Cal authorized representative, or
- You were appointed as a Medi-Cal authorized representative.

The role of an authorized representative

An applicant or beneficiary appoints an <u>individual</u> or <u>organization</u> as an authorized representative to help with all or some duties related to their Medi-Cal eligibility and enrollment. They also choose if copies of notices and other mail may be sent to the authorized representative. The authorized representative helps with duties until:

- Cancellation by either the applicant or beneficiary, or the authorized representative; or
- 90 days after denial or discontinuance (unless cancelled by either party).

For the applicant or beneficiary

An "Appointment of Authorized Representative" form (MC 382) came with this notice. The form lists the duties you granted your authorized representative. Part C of the form lists the copies of notices and other mail you asked us to send to your authorized representative, if any.

The county's contact information is at the top of this letter. Contact us if you want to:

- Change your authorized representative's duties.
- Change the notices or other mail that are sent to the authorized representative
- Cancel the appointment of your authorized representative.

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State of California Health and Human Services Agency

For the authorized representative

By accepting the appointment as an authorized representative, you agree:

- To obey all state and federal laws for authorized representatives. These include, but are not limited to, laws about confidentiality of information, prohibitions against reassignment of provider claims and conflicts of interest.
- If you are an employee or contractor for a health care provider, you must give the applicant or beneficiary a written disclosure before you may act on their behalf. The disclosure must describe:
 - [°] Your employment or contract with the health care provider or facility.
 - ° Any potential conflicts of interest.
- You may cancel your status as an authorized representative at any time by telling the county office.

Organizations Only: Each person acting on behalf of the organization must file a signed Authorized Representative Standard Agreement form (MC 383) with the county office. To get a copy of this form, contact the county office.

For more information about Medi-Cal rights and responsibilities, read the MC 219 "Important Information for Persons Requesting Medi-Cal" that came with this notice.

If you do not agree with the responsibilities in this notice or do not want to be an authorized representative, contact the county office.