

**Designated Representative Authorization Form**

Read this information first:

The *Designated Representative* form is used to identify the person(s) who are permitted to have the same rights you have to access your confidential protected health information. By signing this form, you are allowing Optima Health to release protected health information to the individual (s) named. Your signature also releases Optima Health from any liability of any nature in connection with the release of your protected health information provided that Optima Health follows the terms detailed in this form. Optima Health is not responsible for any use, misuse or secondary release of information by the individual (s) listed below.

\*\*\*Mail this form to: Optima Health, 4417 Corporation Lane, Virginia Beach, VA 23462.

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

1. \_\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Date of Birth
3. \_\_\_\_\_  
Member ID # or SSN #
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**Step 2: You must attach a copy of a document that proves an established relationship with the person (s) you name. Examples include court documents, Durable Power of Attorney or a Health Care Power of Attorney documents.**

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**Step 3: Designated Representative Information:**

4. Designated Representative: \_\_\_\_\_  
Full Name
5. Relationship to Member: \_\_\_\_\_
6. Address of Designated Representative: \_\_\_\_\_
7. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work
8. Authorization Expiration Date: \_\_\_\_\_
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*This authorization will expire two (2) years from the date it was signed unless noted on the expiration date listed above. After the expiration of this authorization, a new authorization must be completed in order to be valid. You may cancel this authorization in writing at any time.*

9. \_\_\_\_\_  
Member signature Date
10. \_\_\_\_\_  
Parent/Guardian Signature (if required by State law)
11. \_\_\_\_\_  
Witness



## Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

### Discrimination is Against the Law

Optima Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optima Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optima Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

Civil Rights Coordinator  
4417 Corporation Lane, Virginia Beach, VA 23462  
1-844-801-3779, 757-552-7116 Fax  
languagehelp@sentara.com

If you believe that Optima Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator  
4417 Corporation Lane, Virginia Beach, VA 23462  
1-844-801-3779, 757-552-7116 Fax  
languagehelp@sentara.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator (above) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)