



## AgeWell New York Authorized Representation/HIPAA Form

### Member Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

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If you have not previously provided an Authorized Representative to act on your behalf and would like to do so, please provide his/her name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  Home  Work  Cell  Other

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Discontinue Current Authorized Representative

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_  Home  Work  Cell  Other

Designate New Authorized Representative Name Address Street Apt#

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_  Home  Work  Cell  Other

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I understand my designated Authorized Representative will have access to my personal health information. I would like my Authorized Representative to (check all that apply):

- File appeals and grievances on my behalf (claim and service).
- Request services on my behalf (service requests or organizational determinations).
- Request medical records and personal health information (written or verbal).

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I understand this designation will remain in effect until I change or discontinue it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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AgeWell New York, LLC is a Health Maintenance Organization (HMO) plan with a Medicare contract. AgeWell New York, LLC has a State Medicaid Agency Contract with New York State Department of Health, and a New York State Medicaid contract for AgeWell New York Advantage Plus (HMO D-SNP). Enrollment in AgeWell New York, LLC depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services are available to you free of charge. Call **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**. ATENCIÓN: si hablas español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-237-3210 (TTY/TDD: 1-800-662-1220)**. Assistance services for other languages are also available free of charge at the number above.

### **Notice of Non-Discrimination**

AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AgeWell New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AgeWell New York 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)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact AgeWell New York Member Services at **1-866-237-3210**. If you believe that AgeWell New York 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:

AgeWell New York  
**Civil Rights Coordination Unit**  
1991 Marcus Avenue Suite M201  
Lake Success, New York 11042-2057  
**1-866-237-3210**  
**TTY/TDD: 1-800-662-1220**  
**Fax: 855-895-0778**  
Email: [civilrightsunit@agewellnewyork.com](mailto:civilrightsunit@agewellnewyork.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordination Unit 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 <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, DC 20201, **1-800-368-1019**, TTY/TDD: **1-800-537-7697**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.