Authorization for Designated Client Representative

Read this information first:

You should complete this form if you wish to authorize someone to act on your behalf to file a grievance or an appeal. This will allow the assigned person acting as your Designated Client Representative (DCR) to contact Health Colorado and speak to us on your behalf.

Mail this form to: Health Colorado, 9925 Federal Drive, Suite 100, Colorado Springs, CO 80921 or Email it to: healthcolorado@beaconhealthoptions.com. Fax to: 719-538-1433

Step 1: Complete the demographic information for the person receiving services:

1. _____ **2.** __ __ / __ __ / __ __ __ __
Name **Date of Birth**

3. _____ **4.** (__ __ __) __ __ __ - __ __ __ __
Address **Home Phone Number**

Step 2: Tell us the reason for the Designated Client Representative:

7. Check the appropriate box to indicate the reason you are assigning a DCR:

a. Designated Client Representative for an Appeal ☐

b. Designated Client Representative for a Complaint ☐

Step 3: Tell us who you are authorizing to act as your Designated Client Representative:

8. _____
Name of Authorized person

9. _____
Address of Authorized person

10. OPTIONAL: authorization termination date: __ __ / __ __ / __ __ __ __

Step 4: By filling out and signing this form, you understand that:

- You do not have to complete this authorization and your refusal will not affect your benefits;
- The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws;
- You have a right to revoke this authorization at any time by completing and sending to Health Colorado a "Revocation of Authorization" Form, which may be obtained from Colorado Health Partnerships;
- You have a right to receive a copy of this signed authorization.

12. _____ _____
Person receiving services***** Date

13. _____ _____
Parent and/or Guardian (if applicable) Date

14. _____ _____
Designated Client Representative's relationship** Date

*Minor Children must sign this form if they are 15 years of age or older.

**Parents cannot sign for minor children 15 years of age or older.