

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZED DELEGATE FORM

**Fill out the form completely.** The authorization is not valid unless it is filled out completely.

**Part 1. MEMBER INFORMATION TO BE SHARED.** Include the following information about the member whose protected information is being disclosed:

1. First and last name.
2. Date of birth.
3. Full street address, including city, state and zip code
4. Member ID number as it appears on the member's insurance card (if applicable).

**Part 2. AUTHORIZED DELEGATE.** Include the following information about the person (s) or organization to whom the PHI will be disclosed:

1. Name of person or organization.
2. Full street address, including city, state and zip code of person or organization listed.
3. Date of birth (disregard for organization)
4. Primary phone number of person (s) or organization listed.

**Part 3. SIGN HERE IF YOU ARE THE MEMBER.** Member is to sign and date in the space provided.

**Part 4. SIGN HERE IF YOU ARE THE PERSONAL REPRESENTATIVE FOR THE MEMBER.** Please provide documentation of legal authority to act on the member's behalf and complete the following:

1. Printed name of personal representative.
2. Signature of personal representative.
3. Relationship of personal representative to member.
4. Date the form is being signed.

**After you complete the form, please do one of the following:**

1. If you have been given a New Directions email address or fax number, please email or fax there.
2. Mail to New Directions at the listed address on the form.
3. Call the number for behavioral health on the back of your health insurance card and you will be given instructions on where to send the form.