

Authorization Release for Appeal/Grievance

An Authorized Representative is a person you choose to act for you during an appeal of services you have been denied.

I want to appeal these denied services: \_\_\_\_\_

Dates of denied services: \_\_\_\_\_

Person I want to be my Representative: \_\_\_\_\_

How do you know the person who will be your Representative? (Relative, friend, attorney, etc.)  
\_\_\_\_\_

Address of my Representative: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of my Representative: \_\_\_\_\_

I give my permission for my representative to have information relating to: (Please circle "Yes" or "No" for each item below):

- |               |   |
|---------------|---|
| <b>Yes/No</b> | <b>HIV/AIDS-related information, diagnosis and test results</b> |
| <b>Yes/No</b> | <b>Mental Health Information</b>                                |
| <b>Yes/No</b> | <b>Substance Abuse Information</b>                              |

I understand that:

- I can change my mind, at any time. If I change my mind, I'll let you know in writing.
- If I change my mind, it won't change anything you did before I changed my mind.
- When the appeal is over, this agreement will end.
- I know that you may need to give my health information to my representative, so that he/she can act for me.

By signing below, I agree that I have read and understand the information above.

Member Name: \_\_\_\_\_ (Print)      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Aetna Better Health of Virginia ID#: \_\_\_\_\_

Member Signature (signature of parent/legal guardian): \_\_\_\_\_

If the member isn't signing, what is the signer's relationship to the member? \_\_\_\_\_