

# Authorized Representative Form

This Authorized Representative Form allows an Oscar member to choose a person to act on their behalf. The top part of the form must be filled out by the member. If the member is not able to fill out the top part of the form, his or her legal representative may fill it out. Documentation must be provided supporting the legal authority to act on the member's behalf.

This form must be completed and signed. Please send this form and documentation to [privacyrequest@hioscar.com](mailto:privacyrequest@hioscar.com) or by mail to: All members: Oscar, Attn.: Oscar Privacy Officer, P.O. Box 52146, Phoenix, AZ 85072-2146.

\_\_\_\_\_  
Printed Member Name

\_\_\_\_\_  
Oscar ID Number

\_\_\_\_\_  
Date of Birth

I authorize _____ to be my Personal Representative (Printed Name of Personal Representative)
<u>Personal Representative Contact Information:</u>
Telephone Number: _____
Address: _____
Email Address: _____

**I authorize this person to do all of these things on my behalf:**

- Discuss my Protected Health Information (PHI) and my health care:
  - I authorize disclosure of the following as it may be necessary to carry out the purpose of this authorization when requested or as necessary: My medical records and clinical health information, including information and records relating to pharmacy, mental and behavioral health, psychotherapy, HIV antibody test results and /or AIDS diagnosis and treatment, communicable or venereal disease, sexual and reproductive health (including information and records relating to abortion), alcohol and substance abuse treatment, gender affirming care, intimate partner violence, sexual assault treatment and genetic testing information.
- Make changes to my Primary Care Provider (PCP)
- Request an appeal or grievance
- Fill out necessary forms
- Authorize the sharing and disclosure of PHI with third parties

I have the right to request a copy of this authorization or revoke this authorization at any time by sending a written notice to to [privacyrequest@hioscar.com](mailto:privacyrequest@hioscar.com) or calling 1-855-672-2755.

Revocation is effective upon Oscar Privacy Department's receipt of written notice or telephonic instruction.

\_\_\_\_\_  
Member or Legal Representative Signature

\_\_\_\_\_  
(Print Legal Representative Name)

\_\_\_\_\_  
Member Address

\_\_\_\_\_  
Member City, State, Zip

\_\_\_\_\_  
Member Telephone #

\_\_\_\_\_  
Today's Date