

## Authorization to Represent

I hereby designate and appoint Human Arc, its agents and employees (collectively "Representatives") to represent me and act in my behalf before any medical institution, financial institution, life insurance company, places of employment, county/state Department of Human Services, the Social Security Administration, mental health institution and the Veterans Administration for the purpose of potentially securing or modifying healthcare benefits for me and/or my household.

I expressly consent to the disclosure and release to my Representatives of all hospital records, medical and psychiatric reports (including, if appropriate, reports relating to drug, alcohol, and HIV/AIDS), all financial information (including bank statements, life insurance policies, and employment/payroll documentation) and all other documents and information pertaining to me and/or my household which are in the custody of these entities.

I request that a copy of any and all documentation related to my application for benefits be forwarded to my authorized Representative.

I hereby grant to my Representatives the power to make and withdraw application for benefits in my behalf and to request and appear on my behalf at conferences, hearings, and other proceedings pertaining to applications for benefits made for me and/or my household.

**No fees or charges will be incurred by me for services performed by my Representatives.**

I acknowledge that no pressure has been used on me to obtain this authorization.

This authorization will remain in effect until the earlier of the date withdrawn in writing by me or one year from the date signed below. A copy of this authorization shall be as effective as the original.

X \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address Apt. No.

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Hospital/Admit Date

Witnessed by: X \_\_\_\_\_  
(if patient is unable to sign)

At Human Arc, Please contact:

\_\_\_\_\_

**Do not write below this line**

<i>I certify that this authorization is valid, in effect and has not been revoked.</i>	
_____ <i>Signature of Human Arc representative</i>	_____ <i>Date</i>