

Designated Representative Appointment Form

As an applicant to or member of the World Trade Center (WTC) Health Program, you may appoint an individual to be your Designated Representative. Your Designated Representative is authorized to act on your behalf and represent your interests in the WTC Health Program. A Designated Representative is allowed to provide and obtain personal information regarding your application to the WTC Health Program, your care, and your membership in the Program, and may make a request or give direction to the Program regarding your eligibility, certification, or any other administrative issue under the WTC Health Program, including appeals.

A Designated Representative can be anyone such as a family member, advocate, attorney, or friend, unless that individual's service as a representative would violate any applicable provision of law or is otherwise prohibited by WTC Health Program policies and procedures or contract provisions.¹ A parent or guardian may act on behalf of a minor. If an applicant or WTC Health Program member is a mentally incompetent adult, an individual authorized under state or other applicable law to act on the applicant's or member's behalf may act as his or her Designated Representative.

You may have appointed a healthcare proxy or assigned a healthcare power of attorney to a family member or other person so that they may obtain, use, and disclose your personal information, and/or make medical treatment decisions on your behalf. Please note that a healthcare proxy/power of attorney is different from a Designated Representative. **Your Designated Representative within the WTC Health Program may not make medical care (e.g., treatment) decisions on your behalf.** If you have already appointed someone to act on your behalf regarding healthcare decisions and you would like for that person to also serve as your Designated Representative for purposes of the WTC Health Program, please complete this form.

Please note, a Designated Representative also differs from any attorney or licensed representative involved in any workers' compensation or other worker-related injury or illness claim you may have.

An individual's Designated Representative must be properly appointed in writing. The WTC Health Program will only recognize one Designated Representative at a given time. **Once a Designated Representative has been properly appointed, the WTC Health Program will not recognize another individual as your Designated Representative until the appointment of the first Designated Representative is withdrawn in writing.** In addition to this form, in order to duly appoint a Designated Representative for the WTC Health Program, you must also submit the **WTC Health Program HIPAA Authorization for Designated Representatives Form**.

If you have previously appointed a Designated Representative for the WTC Health Program and want to remove or change your Designated Representative, please also fill out the **Designated Representative Revocation Form**.

By appointing a Designated Representative, you are authorizing the WTC Health Program to disclose your member information to your Designated Representative and authorizing that individual to do the following:

- Serve as your representative in all matters pertaining to your membership in the WTC Health Program; and
- Receive and/or provide information pertaining to your membership and participation in the WTC Health Program, including copies of factual and medical evidence contained in your records for the Program.

Any notice requirement of the WTC Health Program is fully satisfied if sent to your Designated Representative.

¹ See WTC Health Program regulations at 42 CFR 88.2(a). A Federal employee may act as a representative only on behalf of the individuals specified in, and in the manner permitted by, 18 U.S.C. §§ 203 and 205 (permitting self-representation and representation of a parent, spouse or child of the employee; or a person or estate of which the employee serves as a guardian, executor, administrator, trustee or personal fiduciary).



INSTRUCTIONS: This form is for use when a World Trade Center (WTC) Health Program applicant or member wants to appoint a Designated Representative to represent their interests under the Program. If you choose to submit this form, it must be in addition to a WTC Health Program **HIPAA Authorization for Designated Representatives Form**. This form must be filled out in its entirety by the WTC Health Program applicant or member. If you already have a Designated Representative and want to remove or change your Designated Representative, please also fill out the **Designated Representative Revocation Form**.

Please return all documents to the WTC Health Program via mail ATTN: WTC Health Program Privacy Officer at P.O. Box 7000 Rensselaer, NY 12144 or via fax at 404-448-4485.

If you would like to authorize a Designated Representative to act on your behalf in matters related to your WTC Health Program application and/or membership, please provide the following information:

First & Last Name of the Designated Representative _____

Your Relationship to the Designated Representative (e.g., spouse, parent-child, attorney-client) _____

Mailing Address of the Designated Representative:

Street: _____ Street 2: _____

City: _____ State: _____ Zip Code: _____

Designated Representative's Primary Phone Number: (_____) _____ - _____

Designated Representative's Email Address: _____

I have already or will submit a HIPAA Authorization for Designated Representatives Form.

Please read the following statement before signing the form:

By my signature I attest that I have provided truthful and accurate information and that I understand the following: Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to the United State Government is subject to civil and/or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both pursuant to 18 U.S.C. § 1001. This designation is effective on the date it is signed.

Printed Name of Applicant/Member **Date of Birth**

Address **WTC Health Program ID (911#), if known**

Address Line 2 **Phone**

Applicant/Member Signature **Date**