



If you want someone else to talk to Lipa for you, you must give Lipa permission to talk to that person. To let a family member, friend or other person speak to Lipa about your health care, please complete this form and mail it to Lipa. If you have questions call Lipa Member Care at 541-485-2155. TTY users call 1-877-600-5473.

## APPOINTMENT OF REPRESENTATIVE

Member Name	Member ID
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**Section I: APPOINTMENT OF REPRESENTATIVE**

**To be completed by the member. If you want to appoint someone to help you when you call or visit Lipa or when you ask for an appeal, Lipa needs your permission to talk with that person. This permission form will allow Lipa to talk with that person for you about your health-related issues.**

I want the person named here \_\_\_\_\_ to speak with Lipa staff about my health-related issues and information in my Lipa member records or to act as my representative with a claim or appeal. I give this person permission to make any request on my behalf; to ask questions; to receive appeal information and notices about my appeal. I understand that the appointed representative might give more personal information about my health and that Lipa is not responsible if this happens.

Signature of Member		Date
Street Address		Complete Phone Number
City	State	Zip

**Section II: ACCEPTANCE OF APPOINTMENT**

**To be completed by the representative.**

I, \_\_\_\_\_, accept the above appointment to assist this Lipa member. I certify that I am not disqualified for any reason from acting as this member's representative.

My relationship to this member is: \_\_\_\_\_.  
(Relative, Friend, Attorney, etc.)

Signature		Date
Street Address		Complete Phone Number
City	State	Zip



**Section III: EFFECTIVE DATES**

To be completed by the member. Check the box below that best describes how long you want your permission to last. An example of an event could be "until an appeal is decided" or "until my surgery is over." You also have the right to cancel this appointment at any time by sending Lipa a letter to the address below.

<input type="checkbox"/>	Until I cancel the permission.
<input type="checkbox"/>	Until this date:
<input type="checkbox"/>	Until this event happens:
<input type="checkbox"/>	One year from the date of my signature.

**Mail completed form to:  
Lipa  
PO Box 11740  
Eugene, OR 97440-1740**

**If you have questions or need this form in another language or format, please call:  
Lipa Member Care  
541-485-2155  
TTY Users Call: 1-877-600-5473**