



PO BOX 551188
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APPOINTMENT OF REPRESENTATIVE AND AUTHORIZATION TO DISCLOSE INFORMATION

I appoint _____ to act as my
(Print/type Name and Address of Representative)
representative in connection with my TRICARE appeal under 32 CFR 199.10, Appeal and
Hearing Procedures, for care:

1. Rendered by/at _____
for dates of service _____.

or

2. Proposed services to be rendered by/at _____
_____.

To avoid the possibility of a conflict of interest, I understand that an officer or employee of the United States, to include an employee or member of a Uniformed Service, an employee of a Uniformed Service legal office, an MTF Provider or a Health Benefits Advisor, is not eligible to serve as a representative. An exception to this is made when an employee of the United States or member of a Uniformed Service is representing an immediate family member.

I authorize the representative of ValueOptions as the TRICARE Management Activity designee, to release to said representative, information related to my medical treatment, and if necessary, photocopies of any medical records which may be required for adjudication of my claim for TRICARE benefits.

I understand that the representative shall have the same authority as the party to the appeal and notice given to the representative shall constitute notice to the party.

This consent will expire upon the issuance of the final agency decision regarding my appeal; however, I reserve the right to withdraw this authorization at any time.

Date

Signature of Person Giving Consent

Sponsor ID Number

Printed Name of Person Giving Consent

Prohibition of redisclosure:

Further disclosure of information by the appointed representative may only be made in accordance with the provisions of the Privacy Act of 1974 and other applicable Federal law.