



Personal Representative Appointment & Authorization to Release Protected Health Information

This form authorizes Delta Dental of Iowa to disclose protected health information at the request of the individual.

Individual Authorizing Disclosure

Name: _____

Address: _____

Telephone: _____

DWP ID #: _____

Email Address: _____
 (Provide only if you want to be emailed)

Personal Representative Appointment

I appoint the individual named below to act on my behalf as my Authorized Personal Representative with Delta Dental of Iowa in connection with: {Check all that you want to apply}

- All my claims or inquiries for dental benefits on and after the effective date of this appointment.
- My inquiries and claims for dental benefits with the following dates of service: _____
 {specify dates}
- All inquiries and claims for dental benefits for the following minor dependent(s): _____
 {Specify names}
- My appeal of services or claim(s) with the dates of: _____
 {specify dates}

Personal Representative

Name: _____

Address: _____

Telephone: _____

DWP ID #: _____

Email Address: _____
 (Provide only if you want to be emailed)

Effective: This appointment of an Authorized Personal Representative and authorization to disclose is effective upon Delta Dental of Iowa’s receipt of the fully completed and signed original or exact copy of this form at the address stated below.

Expiration: This appointment and authorization will expire 30 days after termination of my dental benefits or upon settlement of my claims incurred while covered, unless revoked or an earlier date or event is entered below.

- On ____/____/____ (date) OR
- On occurrence of the following event (which must relate to the individual or the purpose of the use and/or disclosure being authorized): _____

Right to Revoke: I understand I may revoke this appointment and authorization at any time by giving written notice of my revocation to Delta Dental of Iowa at the address stated below. I understand revocation of this appointment and authorization will *not* affect any action you took in reliance on this appointment and authorization before you received my written notice of revocation.

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Protected Health Information to be Disclosed: I authorize Delta Dental of Iowa to disclose the protected health information described in this form to the named Authorized Personal Representative.

This authorization shall include and apply to any and all protected health information related to treatments where the individual has requested a restriction and/or for any health care item or service for which the health care provider/dentist has been paid out of pocket in full.

Effect of Granting this Authorization: I understand if the person or entity that receives the information requested is not covered by federal or state privacy laws, the information described above may be redisclosed and will no longer be protected by law.

Prohibition on Redisclosure: This form does not authorize the disclosure of medical/dental information beyond the limits of the authorization. Where information has been disclosed from the records protected by Federal law for alcohol/drug abuse records or state law for mental health records, the Federal requirements (42 CFR Part 2) and state requirements (Iowa Code Chapter 228) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical/dental or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

No Conditions: This authorization is voluntary. Delta Dental of Iowa does not condition your enrollment in a health plan, eligibility for benefits or payment of claims on giving this authorization.

I have had full opportunity to read and consider the contents of this personal representative appointment and authorization, and I understand that, by signing this form, I am confirming my authorization of the disclosure of my protected health information, as described in this form.

Signature: _____
Individual's Signature (or Legal Guardian, if applicable)

Date: ____/____/____
Signature Date Required

Print Name of Legal Guardian if applicable*

**If a legal guardian signs for an individual, a copy of the guardian appointment must be submitted with this form.*

RETAIN A COPY FOR YOUR RECORDS – Send completed and signed form to:

Delta Dental of Iowa
Medicare Advantage
P.O. Box 9040
Johnston, IA 50131

Required Federal Notice-Nondiscrimination and Accessibility

Delta Dental of Iowa complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. To review our full nondiscrimination notice go to www.deltadentalia.com/nondiscrimination.

Delta Dental of Iowa provides free language services to people whose primary language is not English. In addition, Delta Dental provides free services for people with disabilities such as auxiliary aids, written communication in other formats such as large print, audio or other formats. If you need these services, call 1-877-423-3582 x3, hearing impaired (TYY) call 1-888-287-7312.

Language Access Service

If you, or someone you're helping, has questions about Delta Dental of Iowa, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-423-3582 x3.

Arabic –

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Delta Dental of Iowa فلدليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-423-3582 x3

Chinese – 如果您，或是您正在協助的對象，有關於 Delta Dental of Iowa 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請致電 1-877-423-3582 x3

French – Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Delta Dental of Iowa, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-423-3582 x3.

German – Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Iowa haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-423-3582 x3 an.

Hindi – यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के Delta Dental of Iowa के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषिण से बात करने के लिए 1-877-423-3582 x3 पर कॉल करें।

Karen – မှုတမ္မာ ပုဂ္ဂလိကလူနာမဟုတ်ဘဲ၊ မှုအိဉ်ဒီး တာ်သံကွာ်တဖဉ်ဘဉ်လးဒီး Delta Dental of Iowa နှဉ်, နအိဉ်ဒီး တာ်ခွဲးတာ်ယာ်လူနာဒီးနှဉ်ဘဉ်တာ်မဟုတ်ဘဲ တာ်ဂုာ်တာ်ကျိလူ နကျိဉ်ဒဉ် နဲလူ တလိဉ်ဟုဉ်အပူဘဉ်နှဉ်လီၤ. လူနာက ကတိာ်ဒီး ပုဂ္ဂလိကကျိဉ်ထံတာ်အဂီၢ်, ကိး 1-877-423-3582 x3 တက့ၢ်.

Korean – 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Iowa에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-423-3582 x3로 전화하십시오.

Laotian – ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Delta Dental of Iowa, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອໂອ້ນລັກບັນຍາຍພາສາ, ໃຫ້ໂທຫາ 1-877-423-3582 x3.

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Delta Dental of Iowa, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch grieve, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-423-3582 x3 uffrue.

Russian – Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Iowa, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-423-3582 x3.

Serbo-Croatian – Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Delta Dental of Iowa, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-877-423-3582 x3.

Spanish – Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Iowa, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-423-3582 x3.

Tagalog – Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Delta Dental of Iowa, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-423-3582 x3.

Thai – หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Delta Dental of Iowa คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 1-877-423-3582 x3

Vietnamese – Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Iowa, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-423-3582 x3.