

For the authorized representative

By accepting the appointment as an authorized representative, you agree:

- To obey all state and federal laws for authorized representatives. These include, but are not limited to, laws about confidentiality of information, prohibitions against reassignment of provider claims and conflicts of interest.
- If you are an employee or contractor for a health care provider, you must give the applicant or beneficiary a written disclosure before you may act on their behalf. The disclosure must describe:
 - Your employment or contract with the health care provider or facility.
 - Any potential conflicts of interest.
- You may cancel your status as an authorized representative at any time by telling the county office.

Organizations Only: Each person acting on behalf of the organization must file a signed Authorized Representative Standard Agreement form (MC 383) with the county office. To get a copy of this form, contact the county office.

For more information about Medi-Cal rights and responsibilities, read the MC 219 “Important Information for Persons Requesting Medi-Cal” that came with this notice.

If you do not agree with the responsibilities in this notice or do not want to be an authorized representative, contact the county office.