

**Consent to Representation in Appeals of Utilization Management Determinations and
Authorization for Release of Medical Records in UM Appeals and Independent
Arbitration of Claims**

Instructions

1. No health care provider may require a patient (or Personal Representative) to complete this form prior to admission or receipt of health care services.
2. No health care provider may require a patient (or Personal Representative) to check-off permission for both the Independent Health Care Appeals Program (IHCAP) and Program for Independent Claims Payment Arbitration (PICPA). A health care provider may not be able to proceed to the IHCAP without the patient (or Personal Representative's) permission, but the health care provider may proceed to the PICPA without obtaining authorization for release of medical records.
3. Both pages of the form MUST be presented to the patient (or Personal Representative) at the same time.
4. The boxed-in blank space – which may appear with a gray "Print Name" instruction on some monitors and printed copies – is intended for the use of the patient or the patient's Personal Representative. Patients or (Personal Representatives) should insert their own names in this field. However, health care providers may affix a patient label here, if:
 - a. The label does not prevent the surrounding information from being visible; and
 - b. The person signing the form is the actual patient.
5. All checkboxes are intended for the use of the patient (or Personal Representative), and should not be completed or otherwise modified by the health care provider. By either placing a check mark or X in the appropriate box, the patient (or Personal Representative) should indicate his or her willingness to:
 - c. Permit the health care provider to represent the interests of the patient in a UM appeal, and allow the health care provider to forward his or her medical information to the Independent Health Care Appeals Program (IHCAP); and/or
 - d. Permit the health care provider to forward his or her medical information to the Program for Independent Claims Payment Arbitration (PICPA).
6. The health care provider may insert its name in the fields following "representation by." The space will expand automatically while typing (for a limited number of characters). The blank may be expanded using the spacebar (for a limited number of characters) in the event the health care provider prefers to print out blank copies for completion later by hand or typewriter.
7. The patient's insurance identification number should be included in the form, if known at the time the form is completed.
8. The individual signing the form MUST indicate whether he or she is the patient or a Personal Representative.
9. If the person signing the form is a Personal Representative, the contact information for the Personal Representative MUST be completed.
10. After the patient (or Personal Representative) completes the form, the health care provider MUST give the patient (or Personal Representative) a photocopy of both pages of the form.