

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION & APPOINTMENT OF REPRESENTATIVE**  
**HBEX 403 (10/16)**



**Authorization For Release of Personal Information & Appointment of Representative**

This form authorizes Covered California to release your personal information to the parties specified in this request. To submit this request, please complete all necessary items and mail the completed form and all relevant documents to:

Privacy Officer  
1601 Exposition Blvd.  
Sacramento, CA 95815

**Consumer Information**

*(As indicated on your Covered California Account)*

Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Covered California Case or Account Number:	Date of Birth:	
Daytime Phone Number:	Email Address	

**Address Verification**

*(Please attached a copy of one of the following with your name and current address.)*

California Driver's License <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	Other <input type="checkbox"/>
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**Identity Verification**

*(Please attached a copy of one of the following. If no identifying document is attached, your signature must be notarized.)*

California Driver's License <input type="checkbox"/>	State of California Identification Card <input type="checkbox"/>
Federal Issued I.D. Card <input type="checkbox"/>	Notary <input type="checkbox"/>
Date Notarized:	UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC
Notarized By:	
Notary Public Number:	

### Authorization For Release of Personal Information

I, \_\_\_\_\_, hereby authorize Covered California, to release the following information to the individual or entity identified below:

Name of Individual or Entity:

Street Address:

City and State:

Zip Code:

Day Time Phone Number:

Fax Number/Email Address:

Purpose of Release:

### Appointment of Representative

I would also like to appoint the individual identified above to serve as my personal representative.

**By checking this box, you are authorizing the individual identified above to make decisions pertaining to your Covered California account which would potentially affect your healthcare coverage. If you do not wish for the person listed above to have this authority, please leave this box unchecked.**

#### I understand that by signing this authorization:

- That if the box above is checked, the individual who has been listed above to access my personal information will serve as my representative in all matters pertaining to my account with Covered California.
- If I have authorized the individual listed above to serve as my representative, I further understand and agree that the individual listed above will have the authority to make decisions related to my Covered California account which could potentially affect my healthcare coverage.
- I authorize the use or disclosure of my personal information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time and Covered California will comply with that request within a reasonable amount of time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily.

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**Signature**

I understand Covered California may not be able to comply with my request but will provide me with a response. I declare under penalty of perjury that the information on this form is true and correct.

Signature:

Date:

*The information requested on this form is required by the California Health Benefit Exchange to process your request and will be used solely for this purpose. Failure to provide this information may result in the denial of your request. Legal references authorizing the collection or maintenance of the information provided on this form include Sections 1798.22, 1798.25, 1798.27 and 1798.35 of the California Civil Code and Section 155.260(a) of the Code of Federal Regulations. California Health Benefit Exchange, Privacy Office, 1601 Exposition Blvd, Sacramento, CA 95815 (800) 889-3871.*