



APPOINTMENT OF PERSONAL REPRESENTATIVE FOR COMPLAINTS, GRIEVANCES, AND FAIR HEARINGS

CBH Member Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Personal Representative Purpose: Complaint Grievance Fair Hearing Request

I would like _____ to be my Personal Representative for this purpose. This means that they will be acting for me during the complaint, grievance, or fair hearing process.

Complaint/Grievance/Fair Hearing Request Filing Date: _____

The following is a short description of what my complaint, grievance, or fair hearing is about:

I understand that because my Personal Representative will be acting for me, they will receive confidential information about me. This information could include any evaluations and records of any treatment that I have received. This is called Protected Health Information (PHI) under a federal law called the Health Insurance Portability and Accountability Act (HIPAA). My PHI is also confidential under the Pennsylvania Mental Health Procedures Act.

I give CBH permission to give my Personal Representative any of my PHI that is needed for this complaint, grievance, or fair hearing.

This form will allow my Personal Representative to act for me only for this complaint, grievance, or fair hearing. If for any reason the complaint, grievance, or fair hearing is not decided within 365 days, I will have to sign a new form if I want to keep my Personal Representative.

Signature of CBH Member

Date

Signature of Personal Representative

Date

Personal Representative Address: _____

Personal Representative Phone #: _____