

# Third-Party Representative Designation



This form requests Palco to assign an individual as a third-party representative for a self-directed program member. This individual assists the member with their participation in the program, namely communicating with key parties. They do not complete any employer-related duties for the member. This is not the same as the Authorized Representative.

Participant Information		
Full Name	ID/Last 4 of SSN	Program/Plan
Terms of Disclosure - <i>if applicable</i>		
Start Date of this Authorization (mm/dd/yyyy): _____		
End Date of this Authorization (mm/dd/yyyy): _____ <i>If no end date, leave blank</i>		

Program Representative/Authorized Representative Information			
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Gender Male      Female	
Physical Address (Street Address, Including Apt. #)			
City	State	ZIP	County
Mailing Address (Street Address, Including Apt. #) - <i>if different than physical address</i>			
City	State	ZIP	County
Phone 1	Phone 2	Email	
Preferred Method of Communication Email      Mail      Phone/Voicemail			
Relationship to Participant		Reason for Disclosure	

# Third-Party Representative Designation



## Information to be Disclosed

Please select one.

All of my health information that Palco has in its possession, including information relating to any medical history, mental, or physical condition and any treatment received by me.

Only the following limited information:

The participant voluntarily consents and authorizes Palco, Inc. to use or disclose their health information itemized below during the term, to the recipient, and for the purposes identified herein. Please note that Palco may communicate with the Authorized User, but the Authorized User **cannot** act as the employer role on behalf of the Participant or enrolled Surrogate Employer.

The participant understands that Palco cannot guarantee that the recipient will not re-disclose their health information to a third party who may not be required to abide by this authorization or applicable federal and state law governing the use and disclosure of the participant's information and that disclosure may render the Privacy Rule inapplicable to their information. The participant holds Palco harmless for any harm resulting to them from disclosure of this information. The participant understands that they may revoke this authorization at any time in writing to Palco. The revocation will be effective immediately to all disclosures made after receipt of the revocation. The participant understands that this authorization does not delegate or allow any individual other than the enrolled legal employer of record to perform employer duties such as reviewing/approving timesheets and signing enrollment documents.

**Participant Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the Participant is unable to sign, please witness:

**Witness Printed Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_