
APPOINTMENT OF REPRESENTATIVE

Member's Name:

Date of Birth:

Member's ID Number:

Telephone #:

PLEASE PRINT:

I appoint _____ to act as my representative in connection with my appeal and/or grievance. I authorize Molina to share my protected health information ("PHI"), including information about sensitive services, about my grievance or appeal with the below-listed representative. I understand that this may include PHI about communicable diseases; behavioral or mental health services; and referral and/or treatment for substance use disorder (as permitted under 42 CFR Part 2).

- **Representative's Name:** _____
- **Relationship to Member:** _____ (e.g, doctor, family member)
- **Representative's Street Address:** _____
- **City, State, Zip:** _____
- **Representative's Phone Number:** _____

This consent shall expire upon the final decision of my grievance or appeal. I reserve the right to withdraw this consent at any time.

Signature of Member or Member's Personal Representative	Date
Printed Name of Member or Member's Personal Representative	

Relationship to Member or Member's Personal Representative's Authority to Act for the Member, if Applicable:

Parent Legal Guardian Executor Other: _____

Send completed form to:

Molina Healthcare of New Mexico:

Attn: Appeals & Grievances

PO Box 182273

Chattanooga, TN 37422

Fax: (505) 342-0583

NOTE: THE REPRESENTATIVE NAMED BY THIS FORM IS NOT ALLOWED TO MAKE HEALTH CARE DECISIONS ON BEHALF OF THE MEMBER.

Non-Discrimination Notification Molina Healthcare

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge, in a timely manner:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711).

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711.

Mail your complaint to:
Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802.

You can also email your complaint to civil.rights@molinahealthcare.com.

You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

You can mail it to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (844) 862-4543 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 862-4543 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad , saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíilnih (844) 862-4543 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (844) 862-4543 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (844) 862-4543 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (844) 862-4543 (TTY: 711)。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 862-4543 (رقم هاتف الصم والبكم: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 862-4543 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (844) 862-4543 (TTY: 711).
Japanese	注意事項： 日本語を話される場合、無料の言語支援をご利用いただけます。(844) 862-4543 (TTY: 711) まで、お電話にてご連絡ください。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (844) 862-4543 (TTY : 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (844) 862-4543 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (844) 862-4543 (телетайп: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (844) 862-4543 (TTY: 711) पर कॉल करें।
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (844) 862-4543 (TTY: 711) تماس بگیرید.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (844) 862-4543 (TTY: 711).

Readability Statistics	
Counts	
Words	172
Characters	1,585
Paragraphs	21
Sentences	7
Averages	
Sentences per Paragraph	1.4
Words per Sentence	11.0
Characters per Word	4.5
Readability	
Flesch Reading Ease	66.0
Flesch-Kincaid Grade Level	6.7
Passive Sentences	14.2%

OK