

## Appointment of Appeal Representative

I, \_\_\_\_\_, appoint  
(Print/Type name of person giving consent)

"

\_\_\_\_\_  
(Print/Type name and address of Representative)

to act as my representative in connection with my appeal under 32 CFR 199.10, Appeal and hearing procedures. To avoid the possibility of conflict of interest, I understand that an officer or employee of the United States, to include an employee or member of a Uniformed Service, an employee of a Uniformed Service legal office, an MTF provider or a Health Benefits Advisor, is not eligible to serve as a representative. An exception to this is made when an employee of the United States or member of a Uniformed Service is representing an immediate family member.

I authorize the Defense Health Agency (DHA) and Wisconsin Physicians Service (WPS)/TRICARE to release to said representative information related to my medical treatment, and if necessary, photocopies of any medical records which may be required for adjudication of my claim for TRICARE benefits.

I understand that the representative shall have the same authority as the party to the appeal and notice given to the representative shall constitute notice to the party.

This consent will expire upon the issuance of the final agency decision regarding my appeal; however, I reserve the right to withdraw this authorization at any time to the extent that DHA and WPS have not already taken action in reliance on it.

\_\_\_\_\_  
(Signature of Person Giving Consent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Sponsor Number)

TRICARE will not condition treatment, payment, enrollment, or eligibility for benefits on this authorization.

The potential exists for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer protected by the Privacy Act and HIPAA Privacy Rule.

### **Prohibition on Redisclosure:**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is NOT sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense and not more than \$5000 in the case of each subsequent offense.