Authorized Representative

Kara Ullestad
Medicaid Program Manager
Bureau of Medicaid Eligibility Policy

IOWA Health and Human Services

Authorized Representative

Designated by an applicant or member to represent them in the application process or for ongoing eligibility

Authorized Reps are allowed to:

File applications

Check on the progress of an application or ongoing

Request extensions for providing documentation

- Does not relieve competent applicant or member of the primary responsibility to cooperate in the application process or ongoing eligibility
- Receives copies of documents related to the eligibility determination sent to members by the Department. Receives the Medicaid card
- An Authorized Representative can be an individual or an organization

Authorized Representative

- Can be time limited at the time of designation
- If the original authorization does not indicate a specific time period, a written statement is required to modify or remove the Authorized Representative
- An individual or organization could be an Authorized Rep
- Authorized rep designation vs authorization to release information

Authorization to Disclose Personal Health Information

IOWA | Health and Human Services

Authorization to Disclose Personal Health Information Release Form for Eligibility Verification Purposes

Use this form to tell Iowa HHS who can access your personal health information. Whether you choose to share your personal health information or not has no impact on your enrollment, eligibility for benefits, or the amount Medical Assistance pays for your health services.

Information About the Medical Assistance Recipient or Applicant. Use this form if you want Iowa HHS to give your personal health information to someone other than you.

Client Name:	DOB:
Address:	State ID:
Parent/Guardian (if applicable):	

Select the information you want Iowa HHS to share.

- ☐ Information related to eligibility for medical assistance only
- ☐ Mental Health information ☐ HIV/AIDS Information ☐ Substance use information
- ☐ Other:

How long can Iowa HHS use this authorization to share your information? Check only one box.

- ☐ One year from the date of signature
- ☐ When an eligibility decision has been made

Enter the name of the person or organization that can get your personal health information from Iowa HHS.

Full Name:	Phone Number:
Address:	

☐ Check this box if you would like this person or organization to receive a copy of any request for information and notice for an application submitted within 120 days of the date this release is signed.