



JOHNS HOPKINS
HEALTH PLANS

US FAMILY HEALTH PLAN APPOINTMENT OF REPRESENTATIVE AND AUTHORIZATION TO DISCLOSE INFORMATION

Plan Member Name: _____

Address: _____ Phone: _____

Plan Member ID: _____ Date of Birth: _____

I, the above-named member, appoint _____ to act as my representative in connection with my appeal under 32 CFR 199.10, Appeal and Hearing Procedures. To avoid the possibility of a 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, a Military Treatment Facility (MTF) or a Health Benefits Advisor (HBA), 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 Johns Hopkins US Family Health Plan to release to this 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 this representative shall have the same authority as a party to my appeal and notice given to this representative shall constitute notice to me.

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.

Signature of Member Giving Consent

Date

Prohibition on Redisclosure: Further disclosure of information by the appointed representative may only be made in accordance with the provisions of the Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable Federal law.

PLEASE RETURN COMPLETED FORM AND SEND TO:

By Mail: Johns Hopkins Health Plans; Attn: Appeals; 7231 Parkway Drive, Suite 100; Hanover, MD 21076

By Fax: 410-762-5304, Attn: Appeals

06.09.2025

FOR1339W072225

US FAMILY HEALTH PLAN

7231 Parkway Dr., Suite 100 Hanover, MD 21076 Ph. 800-808-7347 hopkinsusfhp.org



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