



Attn: Appeals Specialist
US Family Health Plan
Martin's Point Health Care
PO Box 8832
Portland, ME 04104-5040
Fax# 207-828-7849

Dear Appeals Specialist at US Family Health Plan,

I appoint _____ **(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 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, 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 TRICARE Management Activity (TMA) 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.

Name of Member

Name of Sponsor

Member's Identification Number

Signature of Person Giving Consent

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.