

## **96051.14 Authorized Representative**

### **(a)**

For purposes of this chapter, "authorized representative" means any of the following: (1) Any individual appointed in writing by the patient to act on behalf of the patient. (2) Any individual designated by law to act on behalf of the patient. The individual must provide documentation of legal authority to act as the patient's authorized representative. (3) The parent, guardian, or conservator of a minor patient.

#### **(1)**

Any individual appointed in writing by the patient to act on behalf of the patient.

#### **(2)**

Any individual designated by law to act on behalf of the patient. The individual must provide documentation of legal authority to act as the patient's authorized representative.

#### **(3)**

The parent, guardian, or conservator of a minor patient.

### **(b)**

An authorized representative may file a complaint and act on behalf of the patient in the Department's complaint process. A parent, guardian, or conservator of a minor patient is not required to submit the information required under subsection (c).

**(c)**

The patient or authorized representative shall submit the following to the Department as specified in section 96051.13: (1) Name of the patient filing a complaint. (2) Name of the authorized representative. (3) Relationship of the authorized representative to the patient. (4) Street address, city, state, and ZIP Code of the authorized representative. (5) Telephone number of the authorized representative. (6) Email address of the authorized representative. (7) Signature of the patient if they are appointing an authorized representative in writing pursuant to subdivision (a)(1). (8) If the authorized representative is designated by law to act on behalf of the patient, the following shall be provided: (A) Documentation of legal authority to act as the patient's authorized representative. (B) Signature of the authorized representative in place of the patient's signature under subdivision (c)(7).

**(1)**

Name of the patient filing a complaint.

**(2)**

Name of the authorized representative.

**(3)**

Relationship of the authorized representative to the patient.

**(4)**

Street address, city, state, and ZIP Code of the authorized representative.

**(5)**

Telephone number of the authorized representative.

**(6)**

Email address of the authorized representative.

**(7)**

Signature of the patient if they are appointing an authorized representative in writing pursuant to subdivision (a)(1).

**(8)**

If the authorized representative is designated by law to act on behalf of the patient, the following shall be provided: (A) Documentation of legal authority to act as the patient's authorized representative. (B) Signature of the authorized representative in place of the patient's signature under subdivision (c)(7).

**(A)**

Documentation of legal authority to act as the patient's authorized representative.

**(B)**

Signature of the authorized representative in place of the patient's signature under subdivision (c)(7).

**(d)**

An authorization pursuant to this article shall be effective until any of the following: (1) The patient cancels or modifies the authorization in writing. (2) The authorized representative informs the Department in writing that they are no longer acting in that capacity. (3) Documentation is provided to the Department that the authorized representative no longer has legal authority to act as the patient's authorized representative. (4) The patient complaint is closed.

**(1)**

The patient cancels or modifies the authorization in writing.

**(2)**

The authorized representative informs the Department in writing that they are no longer acting in that capacity.

**(3)**

Documentation is provided to the Department that the authorized representative no

longer has legal authority to act as the patient's authorized representative.

**(4)**

The patient complaint is closed.