



Dear Member:

Enclosed is the Authorized Representative form you requested. Please fill out and sign the form to appoint someone as your Medi-Cal Dental authorized representative.

For questions, please call Medi-Cal Dental at 1-800-322-6384, or refer to the Smile, California website at <https://smilecalifornia.org/>.

Please mail the completed form to:

Medi-Cal Dental
Attn: Information Security/Privacy
Office P.O. Box 15539
Sacramento, CA 95852-1539

You can also choose to submit the form via email to:
memberformreturn@gainwelltechnologies.com

Sincerely,

Medi-Cal Dental
California Department of Health Care Services

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-322-6384 (TTY: 1-800-735-2922).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-322-6384 (TTY: 1-800-735-2922).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-322-6384 (TTY: 1-800-735-2922).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-322-6384 (TTY: 1-800-735-2922).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-322-6384 (TTY: 1-800-735-2922). 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-322-6384 (TTY: 1-800-735-2922)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-800-322-6384 (TTY (հեռատիպ)՝ 1-800-735-2922):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-322-6384 (телетайп: 1-800-735-2922).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-322-6384 (TTY: 1-800-735-2922) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-322-6384 (TTY: 1-800-735-2922) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-322-6384 (TTY: 1-800-735-2922).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-322-6384 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-322-6384 (رقم هاتف الصم والبكم: 1-800-735-2922).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-322-6384 (TTY: 1-800-735-2922) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-322-6384 (TTY: 1-800-735-2922).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរិស្ថានជាអ្នកនិយាយភាសាខ្មែរ, បសវនករជំនួយខ្លួនភាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-322-6384 (TTY: 1-800-735-2922)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-322-6384 (TTY: 1-800-735-2922).



Use this form to appoint an individual or organization as your Medi-Cal Dental authorized representative. Your authorized representative may assist you on duties noted below related to Medi-Cal Dental. Or you may also limit duties.

You may cancel or change the appointment of your Medi-Cal Dental authorized representative at any time. This form must be signed by you, as the member, and submitted to the Medi-Cal Dental Information Security/Privacy Office.

Complete this form and mail to:

Medi-Cal Dental
Attn: Information Security/Privacy Office
P.O. Box 15539
Sacramento, CA 95852-1539

You can also choose to submit the form via email to:

memberformreturn@gainwelltechnologies.com

Please note: An authorized representative is not the same as a Health Insurance Portability and Accountability Act (HIPAA) personal representative and cannot act as you in making health related decisions. To be recognized as a HIPAA Personal Representative, the proper legal documentation must be provided to the Medi-Cal Dental Information Security/Privacy Office. For questions, please contact the Medi-Cal Dental Customer Service Center at 1-800-322-6384.

Part A: Tell us about you:

Applicant/Member Name:	Phone number:

Mailing address (number, street, city, state, ZIP code):

Part B: Tell us about the authorized representative:

Name of authorized representative (individual or organization):	Phone number:

Mailing address (number, street, city, state, ZIP code):

E-mail address

Part C: Authorized Representative duties:

Examples of authorized representative duties;

- Give us information we ask for
- Report changes
- Provide assistance during calls to the Med-Cal Dental
- Help with fair hearings and appeals

Tell us below if you want to limit any authorized representative duties:

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Part D: Read and sign

I. For applicant/member:

By signing below, I appoint the individual or organization named in Part B as my authorized representative. I agree that:

- The authorized representative may assist me in working with Medi-Cal Dental. (see part C)
- This authorization starts on the date I sign this form.
- My rights and responsibilities **do not** change because I have an authorized representative.
- I must make sure that I respond to all requests for information
- The authorized representative may cancel the appointment at any time.
- I may contact Medi-Cal Dental Information Security/Privacy Office to change or cancel this appointment at any time.

II. For authorized representative:

- You may cancel this appointment at any time by contacting Med-Cal Dental Information Security/Privacy office.
- If you do not agree with your rights and responsibilities or do not want to be an authorized representative, contact Medi-Cal Dental Information Security/Privacy office.

- You agree to keep confidential any information about the member that you get from Medi-Cal Dental.

A. For an individual appointed as an authorized representative:

- By accepting appointment as an authorized representative, you agree to:
 - Give the written disclosure to the member.
 - Obey all state and federal laws governing authorized representatives. These include, but are not limited to, laws about privacy of information, rules against reassigning provider claims, and conflicts of interest.
 - If you are an employee or contractor for a health care provider or facility, you must give the member a written disclosure about:
 - Your employment by or contract with the health care provider or facility.
 - Any potential conflicts of interest that may exist due to that employment or contract.

B. For an organization appointed as an authorized representative:

- The only persons who may perform duties authorized on this form are those who represent the organization and have a signed *Medi-Cal Dental Authorized Representative Standard Agreement for Organizations** on file with the Medi-Cal Dental Information Security/Privacy Office.
- The organization must fully disclose in writing to the member any conflicts of interest that may result from acting as that person’s authorized representative.

Medi-Cal confidentiality notice: The information given on this form is private and confidential pursuant to Welfare and Institutions Code, Section 14100.2. This information shall be disclosed only as this law allows.

By signing below, I agree to and understand my rights and responsibilities as stated above:

Signature of applicant/member (required):	Date:

Signature of individual appointed as an authorized representative (optional):	Date:

*All Privacy Forms can be found on the Medi-Cal Dental website at www.dental.dhcs.ca.gov under the Forms tab.