



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](mailto:memberformreturn@gainwelltechnologies.com)

Sincerely,

Medi-Cal Dental  
California Department of Health Care Services

## LANGUAGE ASSISTANCE

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### 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: Զանգահարեք 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: បរិស្ថានជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករនិងបុគ្គលិកភាសា បោលមិនគិតថ្លៃ 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](mailto: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 Medi-Cal Dental
- Help with fair hearings and appeals

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

**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 Medi-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](http://www.dental.dhcs.ca.gov) under the Forms tab.