



Consent for Designated Client Representative (DCR)

Read this first: You should fill out this form if you want to name another person to act on your behalf to file a complaint or grievance. This person will be your *Designated Client Representative (DCR)*. By signing this form, you allow Integrated Community Health Partners (ICHP) to share information with your DCR. Integrated Community Health Partners (ICHP) will only share information about your complaint or grievance. This consent will stay in effect until **(a)** the date you specify, up to one (1) year; **(b)** one (1) year from the date signed; or **(c)** the date you cancel your consent.

After you fill out the form, send or fax the form to:

**Integrated Community Health Partners
9925 Federal Drive, Suite 100
Colorado Springs, CO 80921
Fax (719) 538-1433
Attn.: Grievance Coordinator**

Step 1: Tell us about yourself (or the person receiving services, if a minor). This will help us find your records:

1. _____ 2. ____ / ____ / _____
Name Date of Birth
3. _____ 4. (____) ____ - _____
Address /City/State Phone Number

Step 2: Tell us if the person you name as a DCR will be helping you with a grievance with an appeal:

5. Check the box: DCR for an Appeal DCR for a Grievance Both

Step 3: You can ask anyone to be your Designated Client Representative (DCR). Tell us who you want be your DCR. Tell us how they are related to you, and how long you want them to be your DCR. (Telling us how you are related to your DCR will help us serve you better.)

6. _____
Name of DCR Address/Telephone of DCR
7. Relationship to DCR _____
8. **OPTIONAL:** Date you would like this approval to end: ____ / ____ / ____ / ____ / ____ / ____

Step 4: By filling out and signing this form, you understand that:

- You do not have to fill out this form. You will still get all of your Medicaid benefits if you don't want to fill out this form. But we won't be able to share you information with anyone unless we have your signed permission.
- If you sign this form, Integrated Community Health Partners (ICHP) does not have control over how your DCR uses your information. If your DCR discloses private information about you, you might not be protected by federal privacy laws.

