



World Trade Center Health Program: Member Designated Representative Form

Please complete this form to appoint a designated representative for matters pertaining to the World Trade Center Health Program (WTCHP).¹ The representative will have permission to act on your behalf and receive access to your personal health information. By signing this form, you allow the WTCHP to release your information to the individual named below.² Please note that you can change or cancel this request by sending the change in writing to the address or fax number at the bottom of this form.

Please indicate the length of time that you would like to have a designated representative. Check one of the boxes below.

- One year from today
 Two years from today
 From today until the following date: Month _____ Day _____ Year _____

Member Information:

Member Name: _____ Member ID: _____

Member Signature: _____ Date: _____

Designated Representative Information:

Representative Name: _____

Representative Address: _____

Representative Contact Information: _____

Mail or fax this form to:

World Trade Center Health Program
PO Box 7002
Rensselaer, NY 12144-7002
Fax Number: 1-877-646-5308

¹ Please note that a Federal employee may act as a representative only on behalf of the individuals specified in, and in the manner permitted by, 18 U.S.C. § 203 and 18 U.S.C. § 205.

² In accordance with the Privacy Act, we are required to obtain your written authorization before releasing information to another person.