

Consumer Name: \_\_\_\_\_

Consumer ID: \_\_\_\_\_

Employer of Record Name: \_\_\_\_\_

This form will allow another person to help you manage your services from Public Partnerships, LLC. (PPL). It will allow you to pick someone to sign timesheets for you or PPL to speak with another person about your services. PPL cannot release information to anyone not listed on this form due requirements in the Health Insurance Portability and Accountability Act (HIPAA).

**SIGNATURE AUTHORITY**

If you wish to allow another person to sign timesheets, list the person below and have them sign this form. This person can only sign timesheets and cannot sign tax forms or attendant forms. This form must be signed by the authorized person:

1. Authorized Person Sign: \_\_\_\_\_ DOB \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN \_\_\_\_\_

2. Authorized Person Sign: \_\_\_\_\_ DOB \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN \_\_\_\_\_

**RELEASE OF INFORMATION**

If you wish to allow PPL to speak with another person, list the person below and have them sign this form. This form must be signed by the authorized person.

3. Authorized Person: \_\_\_\_\_ DOB \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN \_\_\_\_\_

4. Authorized Person: \_\_\_\_\_ DOB \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN \_\_\_\_\_

**I have read and understand the information outlined above as it relates to my Consumer-Directed services. Please select one (1) box below.**

I **give** the above named person(s) permissions on my account.

I **do not give** anyone permission on my account

**Employer of Record Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_