



Tule River Indian Health Center, Inc.
380 N. Reservation Rd., Porterville, CA 93257
Phone: (559) 784-2316, Fax: (559) 781-6514

AUTHORIZED REPRESENTATIVE

For the purpose of this form, an "authorized representative" is a person between the patient and Tule River Indian Health Center, Inc. that provides the Tule River Indian Health Center, Inc. with access to information and resources they need for non-medical or emergency care, such as messages, forms, etc.

I, the undersigned patient/guardian, authorize and consent for the following people or person to inquire about PRC/DC related matters, such as eligibility, registration, purchase orders and/or referrals. This authorized person can also, act on my behalf when updating annual registration for the Tule Rive Indian Health Center, Inc. I give the Tule River Indian Health Center, Inc. permission to collect any needed documentation, for said registration, from my point-of-contact. I understand that, medical information will not be shared with this person and only "need-to-know" information regarding TRIHCI processes, policies and/or PRC/DC eligibility will be shared.

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Printed Patient Name

Patient or Guardian Signature

Date

Approved: 02/07/2024 (MSC:6-0-0)