DSHS WASHINGTON STATE Department of Social and Health Services

Authorized User

WA CARES FUND

Beneficiary Name
WA Cares ID Number (if known)

What is an Authorized User?

An authorized user is someone you choose to allow access to your WA Cares Fund account to assist you at your expressed direction and with your full knowledge, consent, and control.

What can an Authorized User do?

With your knowledge and consent, at your expressed direction, and under your control an authorized user can:

- Access your online WA Cares account through their own login.
- Assist you with accessing and navigating your online WA Cares account, including completing online applications and forms and making selections in your WA Cares account regarding your WA Cares benefits through their own user profile.
- Access your HIPAA protected information available in your WA Cares account.
- Communicate with WA Cares about your WA Cares application, benefits, and services.

An authorized user cannot:

- Manage your WA Cares benefits for you or make decisions about your WA Cares application, benefits or services without your knowledge, agreement, consent, or control.
- Sign any application, forms, attestations, or enter into any agreements with anyone including with the Department of Social and Health Services or with providers of long-term care or medical services, on your behalf.
- Approve pre-authorizations for services which they directly provide to you.

Do I need an Authorized User?

No, you are not required to have an authorized user. Assigning an authorized user is optional and will not have any impact on your benefits or eligibility. You may remove an authorized user at any time through your online WA Cares account or by contacting WA Cares.

Is an Authorized User a Legal Representative?

An authorized user is not a legal representative. Unlike a legal representative, an authorized user can only assist you at your expressed direction and cannot make decisions about your application, benefits, the services you receive, or the providers you receive those services from. WA Cares will not accept an authorized user's signature, attestation, or consent in place of the beneficiary without legal documentation.

If you would like to designate someone to have authority to make decisions on your behalf, you must provide legal documentation showing designation of that person as your legal representative. You can use your own form or a Limited Power of Attorney for WA Cares Fund Benefits form.

What if I already have a Legal Representative?

If you already have a legal representative, you may provide a copy of the legal documentation to WA Cares. WA Cares must have a copy of your legal documentation on file for your legal representative to manage your benefits on your behalf.

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Complete and submit this form:	**Information you will need:**
There are three ways to complete and submit this form: **Online:** An electronic version may be completed and signed through your online WA Cares account. **Upload:** Complete and sign this form. Upload to your online WA Cares account. **Mail to:** DSHS The WA Cares Fund PO Box 45612 Olympia, WA 98504-5612	• Your full name • Your address and phone number • Your WA Cares ID Number (if known) • Full name and contact information for your authorized user. **I need help with this form:** Contact WA Cares for assistance: **Call:** 844-CARE4WA (844-227-3492) • **Visit:** www.wacaresfund.wa.gov **Language assistance is available:** • Language interpreter services • Sign language services • Braille • TTY/TDD users dial 1-800-833-6384

Beneficiary Information

Full name	Phone number	WA Cares ID Number
Street address	City	State Zip Code
Mailing address (optional)	City	State Zip Code

Authorized User Information

Full name	Phone number	WA Cares ID Number
Street address	City	State Zip Code

How long do you want your authorized user to assist you?

☐ One year ☐ No expiration ☐ Specific date:

Privacy

HIPAA restrictions and other privacy laws prevent WA Cares from sharing a beneficiary's confidential account information or protected health information with anyone, unless the beneficiary has granted WA Cares specific permission to share this information.

By designating an authorized user with this form, you are providing permission to WA Cares to share HIPAA-protected information, including health information and confidential account information, as well as information regarding WA Cares applications and WA Cares benefits, with your designated authorized user.

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Authorized User

Beneficiary Name
WA Cares ID Number (if known)

Authorization

By signing this form, I acknowledge that:

I am assigning the above-named individual as my authorized user to assist me with my WA Cares benefits only in the manner as described herein.

The above-named individual is not my legal representative and cannot make any decisions regarding my WA Cares account or benefits in my place or on my behalf without legal documentation showing that the individual has authority to do so.

WA Cares will not accept the above-named individual's signature, attestation, or consent for anything in my place without legal documentation showing that the individual has authority to do so.

WA Cares is permitted to share my confidential information, including information regarding my WA Cares application, benefits, and related health information, with the above-named individual.

This authorization will end on the date specified above or if I no longer have the capacity to direct the authorized user.

If applicant is unable to sign, they may mark with an "X" and must be signed by a witness. To be signed by a legal representative, documentation must be provided to WA Cares.

Applicant's Signature	Date	Printed Name	City and State Signed
Legal Representative's Signature (if applicable)	Date	Printed Name	City and State Signed
Witness Signature (if signed with an X)	Date	Printed Name	City and State Signed

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