



UTAH EMPLOYER'S DESIGNATION OF SECONDARY AUTHORIZED REPRESENTATIVE

Acumen Fiscal Agent (Acumen) is required to protect the privacy of client information and the services being provided to them. Submit this form if you want Acumen to be able to speak freely with anyone other than you as the Employer, the Client themselves or your support coordinator/case manager. (Consider spouses, adult siblings, parents, step parents and grandparents as possible representatives. Acumen is not automatically permitted to share protected information with any of these people without this authorization in place first.)

Please complete a separate form for each person you would like to authorize.

I, _____, ("the Employer") hereby request Acumen to accept
Employer's Full Name

the following individual as a duly appointed Secondary Authorized Representative:

Full Name of Authorized Representative: _____

Phone Number of Authorized Representative: _____

Representative's Relationship to the Employer: _____

This secondary Authorized Representative is approved to request access to the same information regarding services, payments, employees, enrollment, and eligibility that I, as the Employer, am permitted to receive in overseeing services for the following individual(s):

Full Name of Individual/Client: _____

Full Name of Individual/Client: _____

Terms and Conditions of this Authorization:

- I may revoke this authorization at any time by checking the box below and returning the form to Acumen. I understand that revocation is not effective until received and processed by Acumen.
- I am wholly liable for the actions of this secondary contact regarding the information they have access to.
- Appointment of this secondary contact does not relieve me of my legal obligations and responsibilities as an employer.
- I agree to indemnify Acumen against any and all actions arising out of the authorization of this secondary representative.

I would like to **revoke** authorization given for this secondary representative. _____
Employer initials and date

Under penalty of perjury, I have read and understand this authorization and agree to its terms and conditions.

Signature of Employer

Date

Signature of Secondary Authorized Representative

Date

Please return completed form using one of the below methods:

Email: enrollment-ut@acumen2.net

Mail Acumen Fiscal Agent
PO Box 539
Orem, UT 84059

FAX: 888-249-7023