

Manitoba Health Appeal Board

102 – 500 Portage Avenue, Winnipeg MB R3C 3X1

**T** 204-945-5408 **Toll Free** 1-866-744-3257 **F** 204-948-2024

**Website** [www.manitoba.ca/health/appealboard](https://www.manitoba.ca/health/appealboard)

REPRESENTATIVE AUTHORIZATION

By signing this form, I am designating the person named below to act as my representative on my appeal before the Manitoba Health Appeal Board. I am also authorizing the release and sharing of my personal information and personal health information concerning my appeal to my named representative.

Date:

Name (print): \_\_\_\_ Signature:

Appellant

Personal Health Information Number (PHIN): \_\_\_\_\_\_\_\_\_\_\_

**(9-digit number)**

**A WITNESS** must be a **“third party**”, not the Appellant or the representative.

Witness Name (print): \_\_\_ Signature:

Witness

Telephone Number(s): Address:

**===================================================================**

Name of Representative:

Relationship to Appellant:

Preferred pronoun/s (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Postal Code:

Telephone Number(s):

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative

Please mail, email, fax or deliver this completed form with the Notice of Appeal to the Manitoba Health Appeal Board at the following address:

Manitoba Health Appeal Board

102 – 500 Portage Avenue

Winnipeg, MB R3C 3X1

Fax: 204-948-2024\*

Email: [appeals@gov.mb.ca](mailto:appeals@gov.mb.ca)

March 2022