



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

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: _____

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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