

by telling Highmark Wholecare and _____ in writing that I do not want _____ to continue the Grievance process for me.

2. My consent to have the Provider file the Grievance for me will automatically no longer be in effect if the Provider does not file a Grievance or does not continue with the Grievance through the end of the Grievance review process.
3. I or my representative has read, or has been read, this consent form, and have had it explained to me until I understand it. I or my representative understands the information in this consent form.

Signature of Member or Representative

Date

Witness Signature

Date

Print Witness Name

If the Member is unable to sign this Consent Form because the Member is legally incompetent:

Name of Person Signing on Behalf of Member

Address of Person Signing on Behalf of Member

Relationship of Person Signing to Member