

HIPAA Designation of Personal Representative

You may designate a personal representative who may act in your behalf in making decisions relating to health care, which includes treatment and payment issues. This individual can be a family member, friend, lawyer or unrelated party.

Please print neatly to ensure correct and prompt processing. We reserve the right to return any illegible or incomplete form.

1. I authorize _____ to
2. Release information relating to the care and payment for:
 - a. Patient name: _____
 - b. Chart number _____
 - c. Address _____
 - d. _____
 - e. Phone number: _____
 - f. Birth day: _____

3. I authorize _____ to
4. Release information relating to the care and payment for:
 - a. Patient name: _____
 - b. Chart number _____
 - c. Address _____
 - d. _____
 - e. Phone number: _____
 - f. Birth day: _____

Signature: _____

Date: _____