



**APPOINTMENT OF PERSONAL REPRESENTATIVE
TO RECEIVE PROTECTED HEALTH INFORMATION**

You may rely upon your spouse, relatives or friends from time to time to understand your treatment options, visit your physicians, acquire prescriptions, get test results, and otherwise be involved in your medical care. However, federal law does not allow us to disclose any of this information to these people unless you appoint them as your “personal representatives”.

To appoint an Individual as your personal representative, complete this form.

I hereby authorize Pediatric Associates to release the following protected health information to the Individual I have designated:

Name Of Representative Chosen:	Relationship	Personal Health Information That May Be Disclosed
	<input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other	<input type="checkbox"/> All personal health information OR One or more of these choices: <input type="checkbox"/> Times of appointments <input type="checkbox"/> Prescriptions & ancillary equipment <input type="checkbox"/> Test results <input type="checkbox"/> Copies of medical records <input type="checkbox"/> Other:
<p>If you wish to designate more than one Individual, use an additional form.</p>		

I may revoke this appointment at any time. My revocation will NOT affect any actions that have been already taken in reliance on my original appointment.

Patient's Printed Name

Patient's Birthdate

Parent/Guardian or Adult Patient's Signature

Date