MEDICE PRIMARY CARE

Designation of Personal Representative

Under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) that became effective on April 14,2003, health care providers and their staff are limited in the information that they may share with individuals other than the patient or his/her parent or guardian. In many cases, patients would like to involve a member o f their family or another person in management of their health care.

Such disclosures of information are permitted by HIPAA when the patient (or his/her parent or guardian) designates an individual(s) as his/her Personal Representative. Therefore, if you would like to designate one or more individuals to serve as your Personal Representative, please complete the information below.

Patient Name: _____ **DOB:** _____/_____/_____ **Date:** _____

I, the patient/parent/guardian hereby designate the individual(s) listed below to serve as my personal representative(s) or the personal representative of the name above. By designating this individual(s) as my personal representative, I am giving permission to the providers and the staff to discuss any information pertaining to my health care (including appointments, diagnoses, treatment plans, insurance information and other related topics).

The designation is valid for one year from the date it is signed unless provided otherwise or is revoked in writing by me.

Name of Personal Representative	Relationship	Phone Number	Address	Healthcare Disclosures
				__ Appointments __ Diagnoses __ Treatment Plans __ Insurance __ HIV/AIDS __ Other _____
				__ Appointments __ Diagnoses __ Treatment Plans __ Insurance __ HIV/AIDS __ Other _____
				__ Appointments __ Diagnoses __ Treatment Plans __ Insurance __ HIV/AIDS __ Other _____

Signature of Patient/Parent/Guardian: _____ Date: _____ Time: _____

Relationship to Patient: _____