OSF MEDICAL GROUP

OSFMG St. Joseph Dr
308 St. Joseph Dr.
Bloomington, Il 61701
(309) 663-5050

Personal Representative Designation

You have the right to designate a personal representative. If you designate a personal representative(s) bel staff in the above named office may disclose limited information regarding your healthcare to your pers representative(s). Please be aware we will only provide information to the person(s) named on this form. will also only provide the information you specify in the description below. This designation will remain v until revoked in writing, unless you specify a calendar date or event below.

Patient Name: ______________________________ **Date of Birth:** ______________

Date of Request: ____________ **Date or Event when this designation becomes invalid:** __________
(If blank this designation will remain in effect until revoked in writin

I request the following person(s) to receive information about my healthcare:

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Name: ____________________ **Relationship:** ______________ **Phone:** ______________

Type of information we will disclose:

***Appointments *Test Results *Diagnosis *Medications *Referrals *Billing**

Other information, if any, you want disclosed to the above named person(s):

____

____

____

____ ______________________
Signature of individual or other person authorized to act on behalf of the individual — Date of Signature

NOTE: List personal representatives, relationship, and phone in Business Solutions General Comments.