



Personal Representative Designation

You have the right to designate a personal representative. If you designate a personal representative(s) below, staff in the above named office may disclose limited information regarding your healthcare to your personal representative(s). Please be aware we will only provide information to the person(s) named on this form. We will also only provide the information you specify in the description below. This designation will remain valid 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 writing.)

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.