Designation of Personal Representative Form

Patient Name: ____

Date of Birth: ______________________ MR #:__________________

PERSONAL REPRESENTATIVE SECTION

I hereby designate the following Personal Representative to assist me in exercising my health information rights under the Federal Privacy Rule (45 CFR § 164.502(g)) and the Health Information Portability and Accountability Act of 1996, as indicated below:

Personal Representative Name: ______________________________________

Relationship to patient:____

Address: ____

Telephone: ______________________ Date of Birth: ________________

This person is to be afforded the following privileges that would be afforded to the patient with respect to protected health information. I understand and acknowledge that protected health information may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information. (**Please check all applicable items**):

- The right to access and obtain a copy of patient's medical records and other protected health information;
- The right to authorize use or disclosure of patient's protected health information;
- The right to request an amendment of any protected health information;
- The right to request an accounting of disclosures of patient's protected health information;
- The right to communicate verbally regarding patient's appointments;
- The right to have verbal communication with patient's health care team;
- The right to request Patient Portal Access;
- Other (please specify): ______________________________________

EXPIRATION

(Select one) Expires on:____________________ No expiration

I understand that I may revoke this designation at any time by signing the revocation section of my copy of this form and returning it to Vista Community Clinic. I further understand that any such revocation does not apply if that person or persons authorized to use or disclose my protected health information have already taken action on my behalf.

Signature:______________________________ Date:__________________

REVOCATION SECTION

I hereby revoke this designation of a personal representative.

Signature:______________________________ Date:__________________