Personal Representative Designation for Protected Health Information (PHI)

All areas must be completed. This authorization is not valid if not signed and dated.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) gives you the right to have one or more persons act as your personal representative to make decisions to use or disclose your personal health information. By completing this form you are naming an individual as your authorized personal representative. You may limit their access and the amount of information that they can access or act upon.

Patient Name:_____**DOB:**_____
Last First Middle

(One Patient Per Form)

Legal Representative (if applicable)**:**_____
Last First Middle

Legal Documentation must be provided and scanned into the medical record

I authorize the release of my protected health information by Heartland Health Services to:

Name: _____
Last First Middle Relationship

Name: _____
Last First Middle Relationship

Limitations of Disclosure

☐ These persons are to be provided all of the privileges that are provided to me with respect to my health information.

☐ These persons have the following restrictions: _____

_____

☐ Authorization is **effective** through ___/___/___

☐ **No Expiration Date**, unless revoked by the patient or the patient's legal representative.

Information that is disclosed under this authorization may be re-disclosed by the person to which it is given. The privacy of this information may not be protected under the Federal Privacy Rule.

By signing this form, I am consenting to allow Heartland Health Services to give out information about my condition, treatment and/or payment to the above named person(s). I understand that I may rescind this authorization at any time by written communication.

_____ _____ _____
Print Name Signature Date

Signature of Heartland Health services Representative:_____

I hereby revoke the designation of_____**as my personal representative.**

_____
Print Name **Signature** **Date**

Signature of Heartland Health services Representative:_____