

DESIGNATION OF PERSONAL REPRESENTATIVE

For the Use and Disclosure of Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 states that you have the right to have one or more persons act as your personal representative to make decisions about the uses and sharing of your protected health information. You can limit the amount of protected health information that the authorized personal representative(s) may receive, and you can revoke this at any time. See the Oklahoma City Clinic's policy on Personal Representatives, pursuant to 45 CFR 164.502(g).

Date: _____

DESIGNATION OF PERSONAL REPRESENTATIVE

I, _____ (print your name) hereby name the following person to act as my authorized personal representative with respect to decisions involving the use and / or sharing of protected health information.

(Print Name of Personal Representative) _____
(Relationship to Individual)

LIMITS TO THE AMOUNT OF INFORMATION PROVIDED – Please check one

_____ The person named above is to be given all of the privileges that would be given to me with respect to my protected health information.

_____ The person named above is acting as my designated personal representative **ONLY** for the following function(s):

I understand that I may revoke this designation at any time by signing the revocation section below and returning it to Medical Records. I understand that any revocation can only apply to future disclosures or actions regarding my protected health information and cannot cancel actions taken or disclosures made while the designation was in effect.

Medical Record Number: _____ Signature: _____

Date of birth: _____ Phone: _____

REVOCAION SECTION

I no longer want this person to act as my personal representative.

Signature: _____ Date: _____