

DESIGNATION OF PERSONAL REPRESENTATIVE

HAMDEN PEDIATRICS

As required by the health Insurance Portability and Accountability Act of 1996 you have a right to nominate one or more persons to act on your behalf with respect to the protection of health information that pertains to you. By completing this form you are informing us of your wish to designate the named person(s) as your personal representative. You may revoke this designation at any time by signing and dating the this form.

Designation Section

I, _____(print name) hereby designate the following person to act as my personal representative with respect to decisions involving the use and/or disclosure of health information that pertains to my child(ren).

List children(s) names

The person(s) are to be afforded all of the privileges that would be afforded to me with respect to my health information. I understand that I may revoke this designation at any time by signing the revocation section of this form. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my child(s) health information have already acted in reliance on this designation.

PERSONAL REPRESENTATIVE

REVOKE

DATE

(List name of personal representative other than legal guardian)

(I hereby revoke this designation of a personal representative)

Signature

Date