

<p>LRGHealthcare</p> <p>Designation of Personal Representative</p>	<p>Name: _____ DOB: _____</p> <p>MRN: _____ Phone #: _____</p> <p>Address: _____</p>
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I hereby designate the following Personal Representative to assist me in exercising my health information rights under the New Hampshire Patient's Bill of Rights (NH RSA 151:19-21) and the Federal Privacy Rule (45 CFR 64.502(g), as indicated below.

My designated Personal Representative is:

Name: _____ Phone #: _____

Address: _____

My Personal Representative has the authority to execute on my behalf any releases or other documents that may be required in order to exercise my health information rights.

I request that my Personal Representative be allowed to assist me in exercising the following rights related to my protected health information (please check all applicable items):

Restrictions _____

- The right to access and obtain a copy of my medical records and other protected health information;
- The right to authorize use or disclosure of my protected health information;
- The right to request an amendment of any protected health information;
- The right to request an accounting of disclosures of my protected health information;
- The right to communicate verbally regarding my appointments;
- The right to have verbal communication with my health care team;

Other (please specify): _____

No expiration date

Expires on _____ (date)

I understand that if I no longer wish for this Personal Representative designation to be in effect, I must deliver notice of revocation in writing to **LRGHealthcare**. I also understand that it is my responsibility to notify my designee that I have revoked his or her access to my protected health information.

Patient's Name (Printed)

Date

Signature of Patient or Legal Guardian

Printed Legal Guardian's Name if Applicable

Date Originated: 6/12

Date Reviewed:

Dates Revised: