

Designation of Personal Representative

PEDIATRICS PLUS* pc
13 Peck Street
North Haven, CT 06473

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 as your personal representative. You may revoke this designation at any time by signing and dating the revocation of your copy of this form and returning it to this office.

DESIGNATION SECTION

I, _____ (print name) hereby nominate 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).

(Print Name of Personal Representative)

(Print Name of Personal Representative)

(Print Name of Personal Representative)

(Print Name of Personal Representative)

This person(s) is (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 my copy of this form and returning it to Pediatrics Plus* pc, 13 Peck Street, North Haven, CT 06473. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my child(ren) health information have already acted in reliance on this designation.

Signature

Date

REVOCAION SECTION

I hereby revoke this designation of a personal representative.

Signature

Date

SUBMIT