



DESIGNATION OF PERSONAL REPRESENTATIVE

Patient Name: _____ DOB: _____

I, _____, designate the following individual(s)
(Patient or Parent/Guardian)

_____ Emergency Contact: Yes / No Phone Number: _____

_____ Emergency Contact: Yes / No Phone Number: _____

_____ Emergency Contact: Yes / No Phone Number: _____

as he/she may receive protected health information about me if needed.

Signature: _____ Date: _____

****DESIGNATION OF PERSONAL REPRESENTATIVE IS VALID UNTIL REVOKED BY PATIENT****