

Designation of Personal Representative for Decisions Involving Use and Disclosure of Protected Health Information

As required by the Health Information Portability and Accountability Act of 1996 ("HIPAA"), 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

Patient Name: _____ Date of Birth: _____
(LAST) (FIRST) (M.I.) MM/DD/YYYY

Address: _____

Phone #: _____

I request the following person to act as my personal representative with respect to decisions involving the use and/or disclosure of my protected health information:

(please print)

Representative Name: _____

Representative's Relationship to the Patient: _____

Address: _____

Phone #: _____

This person is to be afforded all of the privileges that would be afforded to me with respect to my protected 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 **Kossuth Regional Health Center, 1515 S. Phillips Street, Algona Iowa, 50511**. I further understand that any such revocation does not apply if that person or persons authorized to use or disclose my protected health information have already taken action on my behalf.

Date: _____ Patient's Signature _____
MM/DD/YYYY

REVOCACTION SECTION

I hereby revoke this designation of a personal representative.

Date: _____ Patient's Signature _____
MM/DD/YYYY

For KRHC Internal Use Only

Designation Section

Accepted By: _____ Date: _____
 Scanned in Patient Chart By: _____ Date: _____
 Person Comment In By: _____ Date: _____

Revocation Section

Accepted By: _____ Date: _____
 Revocation Scanned in Patient Chart By: _____ Date: _____
 Person Comment Removed By: _____ Date: _____