

Designation of Personal Representative

All Children Pediatrics, PLLC
400 Blankenbaker Parkway, Suite 200 - Louisville, KY 40243

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(s) to act as my child's personal representative with respect to decisions involving the use and/or disclosure of health information that pertains to my child.

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

This person is to be afforded all of the privileges that would be afforded to me with respect to my child's 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 400 Blankenbaker Parkway, Suite 200, Louisville, KY 40243. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this designation.

Signature

Date

Revocation Section

I hereby revoke this designation of a personal representative.

Signature

Date