



MID-STATE HEALTH CENTER
 101 Boulder Point Drive, Suite 1
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 midstatehealth.org

Designation of Personal Representative

Patient Name: _____	DOB: _____
FIN #: _____	Phone Number: _____
Address: _____	
City: _____	State: _____ Zip: _____

I hereby designate the following Personal Representative(s) 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 164.502(g), as indicated below.

My designated Personal Representative is:

Name: _____ Phone: _____

Address: _____ City/ State: _____ Zip Code: _____

My Personal Representative has the authority to execute on my behalf any releases, consents, 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 **initial** all applicable items):

- ___ 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 of my 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: _____)

Restriction(s): _____

- No expiration Date
- Expires on (MM/DD/YYYY): _____

I understand that if I no longer wish for this personal representative designation form to be in effect, I must deliver notice of written revocation to: Mid-State Health Center – Health Information Management Department. I also understand that it is my responsibility to notify my designee that I have revoked his/ her access to my protected health information.

 Patient’s Name (Print)

 Date:

 Signature of Patient/ Legal Guardian

 Printed Legal Guardian’s Name (If Applicable)

Date Reviewed: 09/20

By: rje/ab