



Designation of Personal Representative

You have the right to let a friend or family member decide what information can be given to other people about your medical care. If you give that right to someone that means they can call the doctor and be told what you are being treated for, what the bill is for, how much the bill is, any other information this hospital has about you **AND then they can tell this Hospital who else can receive your information.**

If you do not wish to designate a personal representative, you must indicate below under the “Designation Denial” section. If you change your mind, you must let us know by writing a letter to us or signing the bottom of this page.

DESIGNATION DENIAL SECTION

At this time, I do not want to designate an individual to make decisions about who can obtain medical information about me. In the event I change my mind and wish to elect a personal representative, I understand I must notify the hospital staff and will indicate my wishes on a separate “Designation of Personal Representative” form.

DESIGNATION SECTION

At this time, I, _____ (print name) want the following person to be able to make decisions about who can get medical information about me.

(Print Name of Personal Representative)

This person is to have all of the choices that I would have in regards to my health information.

OR

Restrictions- The person can only do the following:

Handle problems with billing Make appointments/change appointments

Other: _____

I understand I may cancel this decision at any time by signing the revocation section of my copy of this form and returning it to OneCore Health. I further understand that the cancellation of this consent does not affect any information that was given out from the time I signed this consent if I elected to designate a personal representative and the date my cancellation was received by the Hospital.

Signature

Date

REVOCACTION SECTION -

I hereby cancel this decision regarding the designation of a personal representative. I understand I must complete a new form in the event I would like to appoint a new representative.

Signature

Date

Designation of Personal Representative	Patient Label
	12/16, 3/2017, 7/2017