

MICHIGAN INSTITUTE OF UROLOGY

DESIGNATION OF PERSONAL REPRESENTATIVE

As required by the Health Information Portability and Accountability Act 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 completing the revocation form. You may obtain this form from the front desk personnel.

DESIGNATION SECTION

I, _____ (PATIENT'S NAME) hereby nominate the following person to act as my personal representative with respect to decisions involving the use and/or disclosure of health information that pertains to me.

PRINT NAME OF PERSONAL REPRESENTATIVE: _____

Please note you may fill out one or all of the information listed below. This section is for security purposes. When your personal representative calls for your information this will enable the staff of the Michigan Institute of Urology to confirm the personal representative's identity.

Personal Representative Last 4 Digits Social Security #: _____

OR

Personal Representative Mother's Maiden Name: _____

The authority of this person when acting, as my personal representative is restricted to the following functions:

Description:

(Note: In lieu of a description of the privileges to be afforded the personal representative, alternative text may say: "This procedure is to be afforded all of the privileges that would be afforded to me with respect to my health information")

I understand that I may revoke this designation at any time by completing the revocation form and returning it to the Michigan Institute of Urology, 20952 12 Mile Road, Suite 200, St. Clair Shores, MI 48081. I further understand that any such a 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 of Patient

Date