

**TECHE ACTION BOARD, INC.
DBA TECHE ACTION CLINIC
PERSONAL REPRESENTATIVE DESIGNATION FORM**

Federal law says that the Teche Action Clinic (Agency) cannot share your health information without your permission except in certain situations. If you sign this form, you are giving the Agency permission to treat the person(s) you name as your Personal Representative, and to share your health information with that person. • You can name more than one person as your Personal Representatives.

• This Personal Representative Designation will last until you tell the Agency you do not want it to treat the person(s) you name below as your Personal Representative any longer.

• Right to Revoke: If you decide you do not want the Agency to treat the person(s) you name below as your Personal Representative any longer, sign the Revocation at the end of this form and give this form to the Agency. Any revocation can only apply on and after the date the Agency receives the Revocation. The Agency cannot cancel disclosures it made to the Personal Representative before it received the Revocation.

• You can keep a copy of this Personal Representative Designation Form and can contact Teche Action Clinic to get a copy if you do not have one.

Patient Name _____ **Date of Birth** _____

Patient Account Number _____ **SSN** _____

I name the following person(s) to act as my Personal Representative:

1. _____
2. _____
3. _____
4. _____
5. _____

_____ This person has all the rights that I have regarding my health information that the Agency has.

_____ This person is acting as my Personal Representative only for these functions.

Term of Authorization: The Agency may share my health information from the date of this Personal Representative Designation Form until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to the Agency.

Signature: _____ **Date:** _____

REVOCACTION:

I no longer want the person (s) named above to act as my Personal Representative.

Signature: _____ **Date:** _____