

# Personal Representative Designation

- Federal law says that the Washington County Hospital and Medical Group cannot share your health information without your permission except in certain situations. If you sign this form, you are giving Washington County Hospital and Medical Group 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 Washington County Hospital and Medical Group 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 Washington County Hospital and Medical Group 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 Washington County Hospital and Medical Group. Any revocation can only apply on and after the date Washington County Hospital and Medical Group receives the Revocation. Washington County Hospital and Medical Group cannot cancel disclosures it made to the Personal Representative before it received the Revocation.
- You can keep a copy of this Personal Representative Designation, and can contact Health Information to get a copy if you do not have one.

My Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

This person has all the rights that I have regarding any of my health information that Washington County Hospital and Medical Group has. \_\_\_\_\_

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

**Term of Authorization:** Washington County Hospital and Medical Group may share my health information from the date of this Personal Representative Designation until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to Washington County Hospital and Medical Group

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REVOCACTION:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this Personal Representative Designation or Revocation to:**

Health Information  
Washington County Hospital & Medical Group  
705 S Grand Ave  
Nashville, IL 62263

If you have any questions, contact Health Information at the address to the left, or the phone number below.

Contact Information:  
Phone Number (618) 327-2276