Children's of Alabama

CHILDREN'S OF ALABAMA (COA)
HIPAA Designation of Personal Representative

Patient Information

Patient Name: (Please print)		**Request Date:**	
Street Address:		**Birth Date:**	
City/State/Zip:		**Date of Service:**	
Parent/Legal Guardian Name:		**Phone Number:**	

Address: (if different from above):

Personal Representative Information

You have a right by the Health Insurance Portability and Accountability Act to nominate a person (called a Personal Representative) to act on your behalf with respect to the use, access, and disclosure of the patient's Protected Health Information. By signing this authorization, you are informing us of your designation of the named person as the patient's personal representative for Protected Health Information.

Name of Representative	**Representative's Date of Birth**	**Representative's Address**

It is my understanding that this person is to be afforded all the privileges that would be afforded to me with respect to my use, access, and disclosure of health information.

I understand that I may revoke/withdrawal this designation at any time by mailing a copy of this completed form and state in a signed and dated writing that you revoke this designation and mail it to the COA Privacy Officer, 1600 7th Avenue South, Birmingham, AL 35233, HIPAA@ChildrensAL.org or fax to (205) 638-2468.

****PLEASE NOTE: IF YOUR DESIGNATION OF PERSONAL REPRESENTATIVE CHANGES, YOU MUST NOTIFY THE COA PRIVACY OFFICER IN WRITING. COA IS NOT HELD RESPONSIBLE FOR ANY ACTION TAKEN ON THIS FORM UNTIL THE REVOCATION/WITHDRAWAL IS RECEIVED BY THE COA PRIVACY OFFICER.****

Signatures

I represent that I parent/legal guardian of the patient or I am the adult or emancipated minor patient and have the authority to request this designation of personal representative. I understand that COA may not be able to accept this request if prohibited by law.

Parent/Legal Guardian Print Name:_____

Parent/Legal Guardian Signature:_____Date:_____

Patient Signature if 19 or older:_____Date:_____

Witness Signature:_____Date:_____

** RETURN FORM TO THE COA PRIVACY OFFICER**
Mailing Address: COA Privacy Officer, Children's of Alabama, 1600 7th Avenue South, Birmingham, AL 35233
Fax: (205) 638-2468
Email: HIPAA@ChildrensAL.org
Phone for Questions: (205) 638-5959