

**APPOINTMENT OF
HIPAA PERSONAL REPRESENTATIVE**

Pursuant to the Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), as amended, I hereby appoint _____ as my "Personal Representative," effective this date. In the event _____ is unable or unwilling to so act, I nominate and appoint _____ to act in his or her place and stead. This appointment shall entitle my "Personal Representative" to all my rights pursuant to HIPAA. This appointment shall be durable and remain in effect until such time as I revoke it in writing, without regard to any disability that may affect me.

Pursuant to HIPAA, I specifically authorize my HIPAA Personal Representative to request, receive and review any information regarding my physical or mental health, including, without limitation, all HIPAA protected information, medical and hospital records; to execute on my behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information.

By signing this document, I specifically empower and authorize my physician, hospital, or health care provider to release any and all medical records to my HIPAA Personal Representative. Further, I waive any liability to any physician, hospital, or any health care provider who releases any and all of my medical records to my HIPAA Personal Representative.

By: _____

Date: _____