DERMATOLOGY CENTER OF
SOUTHERN INDIANA

DCSI

Leading skin care for over 50 years

MRN:

Patient Authorization for Personal Representative

Form 7.30

Please print all information, then sign and date form at bottom.

Name of Practice: Dermatology Center of Southern Indiana, P.C.

Patient Name: _____ **Date of Birth:** _____

Purpose of request: I authorize the practice to disclose or provide my protected health information to the following individual who is authorized to act as my personal representative for the purposes of receiving all protected health information about myself. As my designated personal representative, he/she may exercise my right to inspect, copy, and request amendments to my protected health information. He/she may also consent or authorize the use or disclosure of my protected health information:

Name of Personal Representative | Relationship to Patient | Phone

Address

City, State, Zip

- **Description of information to be disclosed:** I authorize the practice to disclose all of my protected health information to my designated personal representative.
- **Expirations or termination of authorization:** This authorization will remain in effect until terminated by you, your personal representative or another individual(s) of legal entity authorized to do so by court order or law.
- **Right to revoke or terminate:** As stated in our Notice of Privacy Practices, you have the right to revoke or terminate this authorization by submitting a written request to our Privacy Manager. This can be done in-person or by mailing a request to:

  Dermatology Center of Southern Indiana, P.C.
  1200 S. Rogers St.
  Bloomington, IN 47403
  Attn: Privacy Manager

Redisclosure: We have no control over the person(s) you have listed as your personal representative. Therefore, your protected health information disclosed under this authorization, will no longer be protected by the requirements of the Privacy Rule and will no longer be the responsibility of this practice.

Signature of Patient, Parent/Guardian for Patients Under Age 18,or Personal Representative

Date

Copies of signed authorizations are available upon request.