

SECTION I: PURPOSE

The undersigned authorizes _____ to share your
Name of BH Facility
medical information with the individual named in Section II as your Personal Representative. While you are not required to designate a representative, Broward Health ("BH") recommends that you do if you wish for your health care providers to communicate with another individual in the event that you are mentally or physically unable.

SECTION II: DESIGNATION AND ROLE(S) OF PERSONAL REPRESENTATIVE

Designated Personal Representative Name: _____

Address: _____

Phone Number(s): Daytime (_____) _____ Evening (_____) _____

Please check the box which most accurately describes your relationship with the designated representative (**check only one**):

This individual is legally authorized to make health care decisions for you (e.g., health care surrogate, power of attorney (health care or general)). **Supporting documentation must be attached.** This means that:

- Health care providers may discuss **any of your health information** with this individual.
- This individual **may** also act on your behalf in exercising your rights related to your health information as outlined in BH *Notice of Privacy Practices for the Protection of Medical Information*.

This individual is a family member, caretaker, or close friend who is involved in your care, but **not** legally authorized to make health care decisions for you. This means that:

- Health care providers may discuss **only information related to your care** with this individual
- This individual **may not** act on your behalf in exercising your rights related to your health information as outlined in BH *Notice of Privacy Practices for the Protection of Medical Information*.

SECTION III: AUTHORIZATION

I, _____, hereby authorize the individual named in Section II to act as my Personal
Patient Legal Name (please print)
Representative. Unless otherwise noted, this authorization will expire six (6) months from the date signed below.

Patient Signature

_____/_____/_____
Date

Witness

_____/_____/_____
Date

ADDRESSOGRAPH



PERSONAL REPRESENTATIVE DESIGNATION