

Personal Representative Form

Please print clearly in blue or black ink.

In order for this Personal Representative Form to be processed by AmeriHealth Caritas Florida:

- The form must be completely filled out.
- A copy of the legal document referred to on this page must be attached to this form.

The Personal Representative Form lists the person who has legal authority to act on your behalf to make health care decisions. This information will remain on file with AmeriHealth Caritas Florida until revoked by you, or revoked by a court order or law.

If you have questions, please call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)**.

Member information

First name:		Middle initial:
Last name:	Date of birth (MM/DD/YYYY):	
Member ID (see ID card):		
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		

Personal representative information

First name:		Middle initial:
Last name:		
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		
Relationship to member:	Date of birth (MM/DD/YYYY):	

**A copy of legal documentation must be attached to this form.
If you do not attach legal documentation, this form cannot be processed.**

Type of document you are attaching:	
<input type="checkbox"/> Health care power of attorney <input type="checkbox"/> Guardianship court order (for health care decisions) <input type="checkbox"/> Custodial court order <input type="checkbox"/> Executor/Executrix of estate (member is deceased)	<input type="checkbox"/> Other (please explain):

Signature and date of member's legal personal representative

Name (print):	
Personal representative's signature:	Date (MM/DD/YYYY):



Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas Florida to follow certain steps before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. AmeriHealth Caritas Florida will release PHI to your personal representative after we receive a document that supports their legal authority to make health care decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). AmeriHealth Caritas Florida will also recognize as a personal representative an executor, an administrator, or a person recognized by law as having authority to act on behalf of a deceased member or the member's estate.

We care about your privacy

Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be entirely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas Florida will not treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse, or neglect by the personal representative; (2) treating the person as your personal representative could put you in danger; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), AmeriHealth Caritas Florida decides that it is not in your best interest to treat the person as your personal representative.

We care about your well-being

We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order, or a law revokes it.

Completing the form

If you name a personal representative, this form will remain in effect until it is canceled. You can cancel this authority at any time. You just have to tell us by calling Member Services at **1-855-355-9800**. A court order or other laws can also cancel it.

To help AmeriHealth Caritas Florida respond to this request, please complete this form by printing or typing into the spaces provided. Attach more pages if needed to make your request clear. Attach a copy of the document that says your personal representative has legal authority to act on your behalf.

Where to mail the form

Mail the completed form **and** supporting document to:

AmeriHealth Caritas Florida
Consent Processing Center
P.O. Box 7092
London, KY 40742-7092

Questions? Call Member Services at
1-855-355-9800 (TTY 1-855-358-5856).



Discrimination is against the law

AmeriHealth Caritas Florida complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Florida:

- Provides free (no-cost) aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free (no-cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact AmeriHealth Caritas Florida at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas Florida has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- Grievances and Appeals, P.O. Box 7368, London, KY 40742. Phone: **1-855-371-8078 (TTY 1-855-371-8079)**, or Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, AmeriHealth Caritas Florida Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (TTY 1-855-358-5856)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.



AmeriHealth Caritas
Florida