



Reid Physician Associates

**Notice of Privacy Practices: Acknowledgement of Receipt  
and  
Designation of Personal Representative**

Patient name: \_\_\_\_\_

**Acknowledgement:**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

If not signed by the patient, please indicate relationship: \_\_\_\_\_

**Designation:**

**Declined**

**Revised**

I authorize the practice to disclose or provide my protected health information to the following individual (s) who is (are) 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:

\_\_\_\_\_  
(Print Name of Personal Representative)

\_\_\_\_\_  
(Print Name of Personal Representative)

\_\_\_\_\_  
(Print Name of Personal Representative)

\_\_\_\_\_  
(Print Name of Personal Representative)

**Description of information to be disclosed:** I authorize the practice to disclose all of my protected health information to my designated personal representative (s).

**Expirations or termination of authorization:** This authorization will remain in effect until terminated by you or your personal representative (s).

**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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date