



**Assignment—Personal Representative
Hillsborough County
Individual's Assignment of a Personal Representative**

Directions: This form is to be used when an individual wishes to assign a personal representative as a delegate for the individual's protected health information (PHI). Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the patient's records.

You have the right to assign a personal representative who will act as your delegate for health care information. This representative will be treated just as you would, and is entitled to receive, view, and use protected health information pertaining to you, as well as speak to medical professionals about you. In the case of an unemancipated minor, Hillsborough County will recognize a parent, guardian, or other person acting *in loco parentis* (in place of parent) who has authority to act on behalf of a minor as the individual's personal representative. Please complete the following information so that we may have your authorization in our records and assist you and your representative.

Print individual's full name: _____
First
MI
Last
Suffix

Social Security No. or other patient identifier: _____

I wish to assign _____ as my Personal Representative.

Personal Representative's contact information:

Phone: _____

Address: _____

Hillsborough County may deny access to PHI by the personal representative if Hillsborough County, in the exercise of professional judgment, decides that it is not in the best interest of the individual to regard the person as the individual's Personal Representative, or that the personal representative could endanger the individual.

If you have any questions, please contact Hillsborough County's Information Line at (813) 272-5900.

Original signature of client: _____ Date: _____

Proof of Identification: _____

Original signature of personal representative: _____ Date: _____

Proof of identification: _____

Relationship: _____

For internal use only:
Date received: _____
Recipient: _____