

Personal Representative Request Form

Please print clearly in blue or black ink.

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for an AmeriHealth Caritas Florida member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at **1-855-355-9800 (TTY 1-855-358-5856)**.

Member information		
First name:	Middle initial:	Last name:
Member ID number:	Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		

Personal representative information		
First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		
Relationship to member:	Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	



**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 documentation you are attaching:

- Power of attorney for health care decisions
- Legal guardianship
- Custodial order
- Executor of estate

Other (please specify):

Signature and date of member's legal personal representative

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY): / /

Personal Representative Request Form

Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas Florida to follow certain procedures 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 upon receipt of documentation supporting their legal authority to make health-related 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.

This is what you need to know:

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 completely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas Florida will not, however, 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 endanger you; 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.

This is what you need to know:

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 an applicable law revokes it.

This is what you need to know:

If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist AmeriHealth Caritas Florida in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative's legal authority to act on your behalf.

This is what you need to know:

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

AmeriHealth Caritas Florida

P.O. Box 7181
London, KY 40742

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





AmeriHealth Caritas[™]

Florida

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.