

Aurora Internal Medicine Clinic, PC
13111 E. Briarwood Avenue, Suite 250
Centennial, CO 80112
303-805-1800; FAX: 303-805-9323

Designation of Personal Representative

As a patient of AIMC, PC, you have the right to designate one or more persons to act on your behalf with respect to your protected health information. We will document your request and include this in your medical record. You have the right to revoke this designation at any time by signing the revocation section of this form and returning it to AIMC, P.C..

DESIGNATION SECTION:

I designate the following person (s) to act as my personal representative (s) with respect to decisions involving the use and/or disclosure of my protected health information.

_____ [print name of representative(s)] is to be afforded all of the privileges that would be afforded to me with respect to my health information.

REVOCATION DESIGNATION SECTION:

I revoke my prior designation of my personal representative which was identified as

_____ [print name of prior representative] effective on
_____ [date].

I am aware that I may revoke this designation at any time by signing the revocation section of this form and returning it to AIMC, P.C.. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted on this designation.

Patient Signature

Date

Print Name