

Academy Allergy Asthma & Sinus, PC
David L. Patterson, MD Tracy A. Donahue, CFNP, CPNP
(317) 621.2455

Patient Authorization for Personal Representative

Patient Name: _____ Date of Birth: _____

Purpose of request: I authorize the practice to disclose or provide my protected health information to the following individuals who 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 to authorize the use or disclosure of my protected health information.

Name of 1 st Personal Representative	Relationship to patient	Phone
Name of 2 nd Personal Representative	Relationship to patient	Phone
Name of 3 rd Personal Representative	Relationship to patient	Phone

- **Description of information to be disclosed:** I authorize the practice to disclose all of my protected health information to my designated representative.
- **Expirations or termination of authorization:** This authorization will remain in effect until terminated by you, your personal representative or another individual(s) of legal entity authorized to do so by court order or law.
- **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. This can be done in person or by mailing a request to:

Academy Allergy Asthma & Sinus, P.C.

Attention: Privacy Manager

14540 Prairie Lakes Boulevard North, Suite 207

Noblesville, IN 46060

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

Patient Signature: _____ Date: _____