

Texas State Optical
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Designation of Personal Representative

As required by the Health Insurance Portability and Accountability Act of 1996, commonly referred to as "HIPPA", you have a right to nominate one or more persons to act on your behalf with respect to the protection of health information that pertains to you. By completing this form you are informing us of your wish to designate the named person as your personal representative. You may revoke this designation at any time by signing and dating the revocation of this form.

Designation Section

I, _____ (patient name) hereby nominate the following person to act as my personal representative with respect to decisions involving the use and/or disclosure of health information that pertains to me.

Print name of Representative	Relation to patient	Telephone number
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Print name of Representative	Relation to patient	Telephone number
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Print name of Representative	Relation to patient	Telephone number
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The authority of this person, when acting as my personal representative, is restricted to the following functions:

"This person is to be afforded all of the privileges that would be afforded to me with respect to my health information."

Patient's Signature

Date