

Choosing a Personal Representative

By law,* you have the right to have one or more people act as your healthcare representative.

Your representative will have the right to make decisions about how your protected health information (PHI) is used and shared. PHI is any information that can be used to identify you. You can limit the PHI the representative can decide about you. You can stop using a representative at any time.

I, _____, (print your name) name the following person to act as the **authorized personal representative for the member(s) below for decisions about the use and/or sharing of PHI.** (If you want more than one representative, you must fill out more forms.)

Name of representative: _____ Relationship to member: _____

Member name: _____ Member ID: _____ Date of birth: _____

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Member name: _____ Member ID: _____ Date of birth: _____

Member name: _____ Member ID: _____ Date of birth: _____

Limiting the Amount of Information Provided

Please check one:

The representative named above is to be given all of the rights that would be given to the member about the PHI.

The representative named above will represent the member ONLY in the following way(s):

By signing below, I understand that:

- I may stop this authorization at any time by sending a written cancellation letter to:
SELECT HEALTH OF SOUTH CAROLINA, ATTN: COMPLIANCE COORDINATOR, P.O. BOX 40849, CHARLESTON, SC 29423.
- The cancellation letter must have the **member name(s)** and the **representative name.**
- This letter must also contain the **date this authorization should stop.**
- Any cancellation is only for information shared or actions taken after the date that Select Health gets the cancellation letter.
- I cannot cancel actions taken or information shared while the authorization was in effect.

If you have any questions or if you need help reading this, please call First Choice Member Services at **1.888.276.2020.**

Signature of parent/legal guardian/member giving authorization

Today's Date

**Mail this form to: Select Health of South Carolina,
Attn: Compliance Coordinator, P.O. Box 40849, Charleston, SC 29423.**