

Four Corners Primary Care Center
5030 Georgia Belle Court, Suite 2066
Norcross, Georgia 30093
Tel: 770-806-2928 **Fax: 770-806-4151

PLACE LABEL HERE

DESIGNATION OF PERSONAL REPRESENTATIVE

As a patient, you may designate one or more personal representatives. A personal representative may receive Protected Health Information (PHI) about you. PHI includes information about your current medical condition and diagnosis, treatment and prognosis, and billing and payments. Personal representatives will not have access to PHI in the periods that are between treatments or admissions.

A personal representative may be a spouse, relative, domestic partner, or friend. You can remove or add personal representatives at any time, including during treatment.

I do not wish to designate a personal representative.

I designate the following as my personal representative or representatives:

(Name of Personal Representative)	(Relationship)
(Address, if known)	(Telephone Number)
(City,State)	
(Name of Personal Representative)	(Relationship)
(Address, if known)	(Telephone Number)
(City,State)	
(Name of Personal Representative)	(Relationship)
(Address, if known)	(Telephone Number)
(City,State)	
(Name of Personal Representative)	(Relationship)
(Address, if known)	(Telephone Number)
(City,State)	
Patient Signature	Date