

Personal Representative Request Form

Please print clearly in blue or black ink.

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for an AmeriHealth Caritas Ohio member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**.

Member information

First name:	Middle initial:	Last name:
Member ID number:		Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		

Personal representative information

First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		
Relationship to member:		Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>



**A copy of legal documentation must be attached to this form.
If you do not attach legal documentation, this form cannot be processed.**

Type of documentation you are attaching:	
<input type="checkbox"/> Power of attorney for health care decisions <input type="checkbox"/> Legal guardianship <input type="checkbox"/> Custodial order <input type="checkbox"/> Executor of estate	<input type="checkbox"/> Other (please specify):

Signature and date of member's legal personal representative

Name (print):
Personal representative's signature:
Date (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>



Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas Ohio to follow certain procedures before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. AmeriHealth Caritas Ohio will release PHI to your personal representative upon receipt of documentation supporting their legal authority to make health-related decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). AmeriHealth Caritas Ohio will also recognize as a personal representative an executor, an administrator, or a person recognized by law as having authority to act on behalf of a deceased member or the member's estate.

This is what you need to know:

Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be completely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas Ohio will not, however, treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse, or neglect by the personal representative; (2) treating the person as your personal representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), AmeriHealth Caritas Ohio decides that it is not in your best interest to treat the person as your personal representative.

This is what you need to know:

We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order, or an applicable law revokes it.

This is what you need to know:

If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist AmeriHealth Caritas Ohio in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative's legal authority to act on your behalf.

This is what you need to know:

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

AmeriHealth Caritas Ohio

Consent Processing Center

P.O. Box 7092

London, KY 40742-7092

Questions? Call Member Services at

1-833-764-7700 (TTY 1-833-889-6446).

Discrimination is Against the Law

AmeriHealth Caritas Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Ohio provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.). AmeriHealth Caritas Ohio provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas Ohio
Attn: Civil Rights Coordinator
P.O. Box 7133
London, KY 40742

Phone: **1-833-764-7700 (TTY 1-833-889-6446)**

Online: <https://apps.amerihealthcaritasoh.com/securecontact/index.aspx>

If you need help filing the grievance, the AmeriHealth Caritas Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: **1-800-368-1019 (TDD 1-800-537-7697)**

Online: www.hhs.gov/ocr/office/file/index.html

This notice is also available at AmeriHealth Caritas Ohio's website www.amerihealthcaritasoh.com.

AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at www.amerihealthcaritasoh.com/privacy-notice.aspx



If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

English ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700** (TTY **1-833-889-6446**).

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700** (TTY **1-833-889-6446**).

Haitian French Creole ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700** (TTY **1-833-889-6446**).

Ukrainian УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700** (TTY **1-833-889-6446**).

Nepali/Nepalese (Nepal) ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू निःशुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700** (TTY **1-833-889-6446**) मा फोन गर्नुहोस् ।

Arabic تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم **1-833-764-7700** (TTY **1-833-889-6446**).

Somali FIIRO GAAR AH: Haddii aadan ku hadlin Af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700** (TTY **1-833-889-6446**).

Russian ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700** (TTY **1-833-889-6446**).

Swahili TAHADHARI: Ikiwa huzungumzi Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700** (TTY **1-833-889-6446**).

French ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700** (TTY **1-833-889-6446**).

Kinyarwanda (Burundi) MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700** (TTY **1-833-889-6446**).

Uzbek (Uzbekistan) DIQQAT: Agar ingliz tilida gapirmasangiz, siz uchun bepul til yordam xizmatlari mavjud. **1-833-764-7700** (TTY **1-833-889-6446**) ga qo'ng'iroq qiling.

Pashtu (Afghanistan)

توجه: که تاسې په پښتو ژبه غږېږئ، د ژبې د مرستې وړیا خدمتونه ستاسې لپاره موجود دي. دې **1-833-764-7700** (TTY **1-833-889-6446**) شمېرې ته زنگ ووهئ.

Vietnamese CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700** (TTY **1-833-889-6446**).

Tigrinya ኣስተውዕል :- ቋንቋ ትግርኛ ዘይትዛረብ እንተደኣ ኾንካ ብናጻ ዝወሃብ ኣገልግሎት ሓገዝ ንዓኻ ክፋት እዩ። ናብ **1-833-764-7700** (TTY **1-833-889-6446**) ደውል።

Dari (Afghanistan)

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700** (TTY **1-833-889-6446**) به تماس شوید.