



PERSONAL REPRESENTATIVE DESIGNATION

You have the right to request that TRH Health Plans give another person access to your protected health information. To do so, please complete this form along with your signature and return it to the TRH Privacy Office. You may revoke this designation at any time with written notice to TRH Health Plans.

MEMBER INFORMATION (Required) - PLEASE PRINT

First Name: _____ MI: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Date of Birth: ___/___/___ Social Security #: _____ - _____ - _____ Identification #: _____

Telephone: _____ E-mail Address: _____

PERSONAL REPRESENTATIVE - PLEASE PRINT

First Name: _____ MI: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Date of Birth: ___/___/___ Telephone: _____ Relationship to member: _____

ADDITIONAL REPRESENTATIVES (OPTIONAL)

PERSONAL REPRESENTATIVE - PLEASE PRINT

First Name: _____ MI: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: ___/___/___ Telephone: _____

Relationship to member: _____

PERSONAL REPRESENTATIVE - PLEASE PRINT

First Name: _____ MI: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: ___/___/___ Telephone: _____

Relationship to member: _____

SIGNATURE (Required)

I request the person(s) named above be allowed access to my protected health information. I understand that I may revoke this designation at any time by submitting a written notice to TRH Health Plans.

MEMBER SIGNATURE: _____ DATE: _____

If the member is a minor, the subscriber parent or guardian must sign. If the member is unable to sign because of a physical or mental condition, the person completing this form must sign below. Documentation of the condition should be submitted with this form. If you are signing with Power of Attorney, a complete copy of the Power of Attorney must accompany this form.

SIGNATURE OF PARENT/GUARDIAN/POA

RELATIONSHIP TO MEMBER

DATE

In order to process this designation, this form must be complete and signed by the member. Incomplete forms will not be accepted. Return this form to TRH Privacy Office, P.O. Box 313, Columbia, TN 38402-0313.

For questions, call the TRH Privacy Office at 931-388-7872 ext. 2578

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.