



PERSONAL REPRESENTATIVE APPOINTMENT FORM

Purpose: This form will be used for patients to appoint the persons who will represent them in various processes with Salus.

General Instructions: Complete all sections. You are entitled to appoint a personal representative, whose appointment will be valid for up to 2 years from your signature. You and your personal representative are responsible for keeping the contact information updated. The personal representative must present a photo ID when visiting the clinic. If you wish to revoke the appointment, you may contact us or complete a new appointment form.

Section I. Patient's information:

Name:

Street Address:

Record No:

Phone Number:

Email:

Section II. Personal representative's information

Name:

Relationship to the patient:

Phone Number:

Mailing Address:

Street Address:

Effective period of appointment (may not exceed 2 years):

Email:

This personal representative is authorized to: (mark with an x)

Have access to and request a copy of my clinical record

Talk to my physicians and obtain information directly from them

Represent me in case of a grievance

Only to pay for medical services I have received (has no authority to receive results)

Pick up prescriptions, medical orders, or laboratory results

Personal Representative Appointment

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YOUR SIGNATURE

Signature: _____

Date: _____

**YOU ARE ENTITLED TO RECEIVE A COPY OF THIS APPOINTMENT FORM AFTER
SIGNING IT**