

# 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 New Hampshire 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 **1-833-704-1177** (TTY **1-855-534-6730**).

Member information		
First name:	Middle initial:	Last name:
Member ID number:		Date of birth (MM/DD/YYYY): / /
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): / /



**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:

- Power of attorney for health care decisions
- Legal guardianship
- Custodial order
- Executor of estate

Other (please specify):

**Signature and date of member's legal personal representative**

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY):     /     /



### Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas New Hampshire 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 New Hampshire 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 New Hampshire 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 New Hampshire 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 New Hampshire 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 New Hampshire 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 New Hampshire**  
Consent Processing Center  
P.O. Box 7092  
London, KY 40742-7092

Questions? Call Member Services at **1-833-704-1177** (TTY **1-855-534-6730**).



**AmeriHealth Caritas**  
New Hampshire

## Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age, race, ethnicity, national origin or ancestry, mental or physical disability, sexual or affection orientation or preference, gender identity, marital status, genetic information, source of payment, sex, creed, religion, health or mental health status or history, need for health care services, amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions, whether or not the member has executed an advance directive, or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- AmeriHealth Caritas New Hampshire Grievances  
P.O. Box 7389  
London, KY 40742-7389  
**1-833-704-1177 (TTY 1-855-534-6730)**

- You can also file a grievance by phone at **1-833-704-1177 (TTY 1-855-534-6730)**.  
If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman  
129 Pleasant Street  
Concord, NH 03301-3857  
**1-603-271-6941** or **1-800-852-3345 ext. 6941**  
Fax: **1-603-271-4632, (TTY 1-800-735-2964)**  
E-mail: **ombudsman@dhhs.nh.gov**

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:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
**1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at  
**<http://www.hhs.gov/ocr/office/file/index.html>**.

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Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177 (TTY 1-855-534-6730)**.

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.