

## SEPA Labs - HIPAA Personal Representative Request Form

This form identifies the person who has legal authority to act on a patient's behalf in making decisions related to the patient's health care. This provision applies to persons with legal guardianship, power of attorney, or other documented legal authority to act on behalf of a patient.

**Section A: Patient Information** (Please print the name of the member who is appointing a Personal Representative.)

**Name:** (Last, First, Middle Initial, Last, Title [Sr., Jr., III.])

**Date of Birth:** (Month/Day/Year)

**Address:** (Please include Street, City, State, and ZIP Code)

**Social Security Number**

**Telephone:**

**Section B: Personal Representative Information** (Please print the name of the person you are appointing as your Personal Representative).

**Name:** (Last, First, Middle Initial, Last, Title [Sr., Jr., III.])

**Telephone:**

**Address:** (Please include Street, City, State, and ZIP Code)

**Relationship to Patient:**

**Section C: Documentation** (A copy of a Power of Attorney or other court-initiated document must be attached to this form in order for it to be processed. Attach supporting documentation and describe the type of documentation you have enclosed. For example: Power of Attorney for health care decisions, Custodial Order or Executor of Estate.)

**Type of Documentation:**

**Section D: Signature of Patient or Personal Representative with Existing Legal Authority**

I hereby swear that I am the Patient listed above or that I have the legal authority to appoint a representative for the Patient listed above. I appoint the Personal Representative above to act on my behalf for the matter or purpose listed in the documentation. I am confirming that SEPA Labs may disclose to the personal representative named in this form my protected health information for the matter or purpose described in this form.

Signature:

Date:

Patient/Personal Representative

(MUST complete form before signing; Sign in front of Notary)

**Section E: Signature of Personal Representative Being Appointed**

I hereby accept the above appointment. I understand that federal and/or state confidentiality laws protect any protected health information disclosed to me and I am prohibited from making any further disclosures without the specific written authorization of the Patient.

Personal Representative:	Date:

To safeguard your privacy and insure no one other than the person you designate receives your Individually Identifiable Health Information, this request must be notarized. (Notary services can often be provided free of charge at a bank with whom you maintain an account).

Date: \_\_\_\_\_ Notary Public Signature:

\_\_\_\_\_

Notary Public Printed: \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

Notary Public Seal:

Please forward this completed form to:

**SEPA Labs**  
**Privacy & Security Office, attn: Jane Drury**  
**203 Indigo Drive**  
**Brunswick, GA 31525**

**PLEASE KEEP A COPY OF THIS REQUEST**

## Personal Representative Information

- SEPA Labs will disclose PHI to an individual's Personal Representative upon written verification of such status. Acceptance of a Personal Representative will depend on the extent of their legal authority to make health-related decisions on behalf of the individual, such as whether they have Power of Attorney or guardianship.
- A parent of a minor is generally considered a minor's Personal Representative unless otherwise required by applicable law. If the parent is not insured by your health plan, he/she will need to submit documentation to verify his/her parental status.
- SEPA Labs will recognize as a Personal Representative an executor, administrator, or a person recognized by law as having authority to act on behalf of a deceased individual or the individual's estate. You will need to provide one of the following: Short Certificate, Letters Testamentary (Executor), and Letters of Administration (Administrator).
- A Personal Representative designation will remain in effect until the individual, a court order, or an applicable law revokes it.
- To assist SEPA Labs 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.
- Mail the completed form and supporting documentation to:

**SEPA Labs**  
**Privacy & Security Office, attn: Jane Drury**  
**203 Indigo Drive**  
**Brunswick, GA 31525**