

**APPOINTMENT OF PERSONAL REPRESENTATIVE  
TO RECEIVE PROTECTED HEALTH INFORMATION**

You may rely upon your spouse, relatives or friends from time to time to understand your treatment options, visit your physicians, acquire prescriptions, get test results, and otherwise be involved in your medical care. However, federal law does not allow us to disclose any of this information to these people unless you give us authorization to do so, except in an emergency situation.

**I wish to be contacted by Sleep Management Institute in the following manner**

**(check all that apply):** “Leave message” indicates on an answering machine or with the person that answers the phone.

<input type="checkbox"/> Home ____ Leave message which includes clinical information ____ Leave message with call back number only ____ Do not leave message	<input type="checkbox"/> Cell ____ Leave message which includes clinical information ____ Leave message with call back number only ____ Do not leave message	<input type="checkbox"/> Work ____ Leave message which includes clinical information ____ Leave message with call back number only ____ Do not leave message
<input type="checkbox"/> Written Communication ____ Mail to home address ____ Mail to work address	<input type="checkbox"/> Email *not a secure form of communication ____ Email CAN includes clinical information ____ Email a call back number only ____ Do not Email	<input type="checkbox"/> Text *not a secure form of communication ____ Text CAN includes clinical information ____ Text a call back number only ____ Do not TEXT

The listed names are those to which I give Sleep Management Institute the authorization to discuss minimum necessary medical information.

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

I may revoke this appointment at any time. My revocation will NOT affect any actions that have been already taken in reliance on my original appointment.

Patient / Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date & Time \_\_\_\_\_