

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 Ohio 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 **1-833-764-7700 (TTY 1-833-889-6446)**.

Member information		
First name:	Middle initial:	Last name:
Member ID number:	Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	
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): <input type="text"/> / <input type="text"/> / <input type="text"/>	



**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:

<input type="checkbox"/> Power of attorney for health care decisions	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Legal guardianship	
<input type="checkbox"/> Custodial order	
<input type="checkbox"/> Executor of estate	

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 Ohio 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 Ohio 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 Ohio 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 Ohio 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 Ohio 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 Ohio 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 Ohio
Consent Processing Center
P.O. Box 7092
London, KY 40742-7092

Questions? Call Member Services at
1-833-764-7700 (TTY 1-833-889-6446).

Notice of Non-Discrimination

AmeriHealth Caritas Ohio complies with applicable federal civil rights laws and does not discriminate based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services. AmeriHealth Caritas Ohio does not exclude people or treat them differently because of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

AmeriHealth Caritas Ohio provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AmeriHealth Caritas Ohio provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you believe that AmeriHealth Caritas Ohio has failed to provide these services or discriminated in another way based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services, you can file a grievance with:

- AmeriHealth Caritas Ohio Grievances
P.O. Box 7133
London, KY 40742
- You can also file a grievance by phone at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you need help filing a grievance, AmeriHealth Caritas Ohio Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-764-7700 (TTY 1-833-889-6446)**.

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700 (TTY 1-833-889-6446)**.

If you have any problem reading or understanding this or any other AmeriHealth Caritas Ohio information, please contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** for help at no cost to you. We can explain this information in English or in your primary language. The information in other languages is at no cost to you. You can also get this information for free in other formats, such as large print, braille, or audio.

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700 (TTY 1-833-889-6446)**.

Si tiene algún problema para leer o comprender esta o cualquier otra información de AmeriHealth Caritas Ohio, comuníquese con Servicios al Miembro al **1-833-764-7700 (TTY 1-833-889-6446)** para recibir ayuda sin costo alguno para usted. Podemos explicarle esta información en inglés o en su idioma principal. La información en otros idiomas no tiene costo para usted. Además, puede obtener esta información sin cargo en otros formatos, como impresión en letra grande, braille o audio.

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू नि:शुल्क रूपमा उपलब्ध हुन्छन् ।
1-833-764-7700 (TTY 1-833-889-6446) मा फोन गर्नुहोस् ।

यदि तपाईंलाई यो वा AmeriHealth Caritas Ohio को अन्य कुनै पनि जानकारी पढ्न वा बुझ्न कुनै पनि समस्या हुन्छ भने कृपया तपाईंलाई कुनै पनि शुल्क नलाग्ने गरी मद्दतका लागि सदस्य सेवालाई **1-833-764-7700 (TTY 1-833-889-6446)** मा सम्पर्क गर्नुहोस् । हामीले यस जानकारीलाई अंग्रेजी वा तपाईंको प्राथमिक भाषामा वर्णन गर्न सक्छौं । जानकारी अन्य भाषाहरूमा नि:शुल्क उपलब्ध हुन्छ । तपाईंले यो जानकारी अन्य स्वरूपहरूमा नि:शुल्क पनि प्राप्त गर्न सक्नुहुन्छ, जस्तै कि ठूलो छापा, ब्रेल वा अडियो ।

CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700 (TTY 1-833-889-6446)**.

Nếu quý vị gặp khó khăn trong quá trình đọc hoặc hiểu thông tin này hoặc bất kỳ thông tin nào khác của AmeriHealth Caritas Ohio, vui lòng liên hệ Ban Dịch Vụ Khách Hàng theo số **1-833-764-7700 (TTY 1-833-889-6446)** để được hỗ trợ miễn phí. Chúng tôi có thể giải thích thông tin này bằng Tiếng Anh hoặc bằng ngôn ngữ mẹ đẻ của quý vị. Thông tin ở ngôn ngữ khác được cung cấp miễn phí cho quý vị. Quý vị cũng có thể nhận thông tin này miễn phí ở các định dạng khác, chẳng hạn như định dạng chữ in khổ lớn, chữ nổi hoặc âm thanh.

FIRO GAAR AH: Haddii aad ku hadasho af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700 (TTY 1-833-889-6446)**.

Haddii aad wax dhibaato ah ku qabto akhrinta ama fahmitaanka tan ama macluumaadka kale ee AmeriHealth Caritas Ohio, fadlan kala xiriir Adeegyada Xubinta **1-833-764-7700 (TTY 1-833-889-6446)** si aad u hesho caawimaad aan wax kharash ah kugu fadhiiyin. Waxaan ku sharxi karnaa macluumaadkan Af-Ingiriis ama afkaaga hooyo. Macluumaadka luqadaha kale ku qoran wax kharash ah kuguma fadhayaan. Waxad sidoo kale macluumaadkan ku heli kartaa qaabab kale oo bilaash ah, sida far waaweyn, farta indhoolaha, ama maqal.

ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700 (TTY 1-833-889-6446)**.

Если у вас возникли проблемы с чтением или пониманием этой или любой иной информации об AmeriHealth Caritas Ohio, вы можете бесплатно обратиться за помощью в отдел обслуживания участников по тел. **1-833-764-7700 (TTY 1-833-889-6446)**. Мы объясним вам эту информацию либо по-английски, либо на вашем родном языке. Информация на других языках предоставляется вам бесплатно. Также данную информацию можно бесплатно получить в других форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате.

ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700 (TTY 1-833-889-6446)**.

Si vous avez du mal à lire ou que vous ne compreniez pas ce message ou d'autres informations fournies par AmeriHealth Caritas Ohio, veuillez contacter l'équipe de service aux adhérents au **1-833-764-7700 (TTY 1-833-889-6446)** pour recevoir une aide gratuitement. Nous vous expliquerons ces informations en anglais ou dans votre langue maternelle. Vous pouvez recevoir ces informations gratuitement dans d'autres langues. Vous pouvez également obtenir ces informations gratuitement dans d'autres formats, notamment en gros caractères, en braille ou sur format audio.

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم **1-833-764-7700 (TTY 1-833-889-6446)**. إذا كانت لديك أي مشكلة في قراءة أو فهم هذه المعلومات أو أي معلومات أخرى عن AmeriHealth Caritas Ohio فيرجى الاتصال بخدمات الأعضاء على الرقم **1-833-764-7700 (TTY 1-833-889-6446)** للحصول على المساعدة بدون أي تكلفة عليك. يمكننا شرح هذه المعلومات باللغة الإنجليزية أو بلغتك الرئيسية. المعلومات باللغات الأخرى بدون أي تكلفة عليك. كما يمكنك الحصول على هذه المعلومات مجاناً بصيغ أخرى مثل مطبوعة كبيرة، أو بطريقة برايل أو بصيغة صوتية.



TAHADHARI: Ikiwa unazungumza Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700 (TTY 1-833-889-6446)**.

Ikiwa una tatizo lolote la kusoma au kuelewa taarifa hii au nyingine yoyote ya AmeriHealth Caritas Ohio, tafadhali wasiliana na Huduma za Wanachama kupitia **1-833-764-7700 (TTY 1-833-889-6446)** ili upate msaada bila gharama yoyote. Tunaweza kukueleza habari hii kwa Kiingereza au katika lugha yako ya msingi. Taarifa katika lugha zingine haitakuwa na gharama kwako. Pia unaweza kupata taarifa hii bila malipo katika miundo mingine kama vile, maandishi makubwa, breli, au sauti.

УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700 (TTY 1-833-889-6446)**.

Якщо вам важко прочитати або зрозуміти цю або іншу інформацію, надану AmeriHealth Caritas Ohio, будь ласка зв'яжіться зі службою підтримки та обслуговування клієнтів за номером **1-833-764-7700 (TTY 1-833-889-6446)**, щоб отримати безкоштовну допомогу. Ми можемо пояснити цю інформацію англійською або вашою рідною мовою. Інформація іншими мовами надається вам безкоштовно. Ви також можете отримати цю інформацію безкоштовно в інших форматах, наприклад, великим шрифтом, шрифтом Брайля, або у вигляді аудіо.

注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-833-764-7700 (TTY 1-833-889-6446)**。

如果您在閱讀或理解本文件或 AmeriHealth Caritas Ohio 其他資訊時遇到任何問題，請撥打會員服務部電話 **1-833-764-7700 (TTY 1-833-889-6446)** 尋求免費幫助。我們可以使用英語或您的首選語言來解釋這些資訊。我們為您免費提供其他語言的資訊。您還可以免費取得這些資訊的其他格式，例如大字體印刷版、盲文點字版或音訊版。

ध्यान आपो: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. **1-833-764-7700 (TTY 1-833-889-6446)** પર કોલ કરો. જો તમને આ અથવા અન્ય કોઈપણ AmeriHealth Caritas Ohio માહિતી વાંચવામાં કે સમજવામાં કોઈ સમસ્યા હોય, તો તમારા માટે કોઈ ખર્ચ વિના મદદ માટે કૃપા કરીને સભ્ય સેવાઓનો **1-833-764-7700 (TTY 1-833-889-6446)** પર સંપર્ક કરો. અમે આ માહિતીને અંગ્રેજી અથવા તમારી પ્રાથમિક ભાષામાં સમજાવી શકીએ છીએ. અન્ય ભાષાઓમાં માહિતી તમારા માટે કોઈ ખર્ચ વિના ઉપલબ્ધ છે. તમે આ માહિતી અન્ય ફોર્મેટમાં પણ મફતમાં મેળવી શકો છો, જેમ કે મોટી પ્રિન્ટ, બ્રેઈલ અથવા ઓડિયો.

注意：如果您使用中文普通话，您可以免费获得语言援助服务。请致电 **1-833-764-7700 (TTY 1-833-889-6446)**。

如果您在閱讀或理解本文件或 AmeriHealth Caritas Ohio 其他信息时遇到任何问题，请拨打会员服务部电话 **1-833-764-7700 (TTY 1-833-889-6446)** 寻求免费帮助。我们可以使用英语或您的首选语言来解释这些信息。我们为您免费提供其他语言的信息。您还可以免费获取这些信息的其他格式，例如大字体印刷版、盲文点字版或音频版。

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید.

اگر در خواندن یا درک این مطلب یا کدام معلومات سائری از AmeriHealth Caritas Ohio مشکل دارید، لطفاً برای دریافت کمک رایگان با خدمات اعضا به نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید. ما میتوانیم این معلومات را به لسان انگلیسی یا به لسان اصلی شما توضیح دهیم. معلومات به لسان های سائر به صورت رایگان به شما ارایه میشود. همچنان میتوانید این معلومات را به صورت رایگان در فارمت های سائر مانند چاپ بزرگ، خط بریلی یا صوتی دریافت کنید.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶችን በነጻ ማግኘት ይችላሉ። በስልክ ቁጥር **1-833-764-7700 (TTY 1-833-889-6446)** ይደውሉ።

ይህንንም ወይም ሌላ ማንኛውንም የAmeriHealth Caritas Ohio መረጃ ማንበብ ወይም መረዳት ከተቸገሩ እባክዎ የአባል አገልግሎቶችን ወይም ሜምበር ስርጌሉን በ **1-833-764-7700 (TTY 1-833-889-6446)** ደውለው እገዛ በነጻ ያግኙ። ይህንን መረጃ በእንግሊዘኛ ወይም በመጀመሪያ ቋንቋዎ ልናብራራልዎ እንችላለን። በሌሎች ቋንቋዎች ለሚቀርብልዎ መረጃ ምንም ክፍያ አይጠየቁም። በተጨማሪም ይህንን መረጃ በሌሎች የፋይል አይነቶች ማለትም በትልቅ ህትመት፣ ብሬይል ወይም በድምጽ ከክፍያ ነጻ ማግኘት ይችላሉ።

MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700 (TTY 1-833-889-6446)**.

Nimba hariho ingorane iyo ariyo yose ituma utoroherwa gusoma canke gutahura ibi canke amakuru ayo ariyo yose ya AmeriHealth Caritas Ohio, usabwe kwitura Member Services (Igisata Citaho Abanywanyi) uciye kuri numero **1-833-764-7700 (TTY 1-833-889-6446)** kugira uronke ubufasha ku buntu. Turashobora kugusigurira aya makuru mu Congereza canke mu rurimi rwawe kavukire. Ayo makuru atanzwe mu zindi ndimi nta mahera uyangira. Urashobora kandi kuronka aya makuru ku buntu mu bundi buryo, nko mu nyandiko nini, mu nyandiko zikoreshwa n'impumyi, canke mu buryo bw'amajwi.