



Dartmouth Health

Designation of Personal Representative

MRN (optional): _____

Patient Name: _____

Date of Birth: _____

Two identifiers needed or Patient Label

I hereby designate the following Personal Representative to assist me in exercising my health information rights under the New Hampshire Patients' Bill of Rights and the federal HIPAA Privacy Rule, as indicated below:

Name _____ Relationship _____ Date of Birth: _____

Address _____ Phone Number _____

Verbal Conversations:

I permit the staff at Dartmouth Health comprised of: Dartmouth Hitchcock Medical Center (DHMC) and Dartmouth Hitchcock Clinics (DHC); Cheshire Medical Center; Alice Peck Day Memorial Hospital (APD); New London Hospital, including Newport Health Center (NLH); Hanover Psychiatry (HP), and Visiting Nurse and Hospice for VT and NH (VNH), to discuss my protected health information, in person or by telephone, with the person named above. This includes the ability to make, cancel, or reschedule appointments on my behalf and assist me in making payments or inquiring about my billing account.

Other:

In addition, I grant my Personal Representative the following:

- Proxy access to my "myDH" patient portal account;
- The ability to request or receive paper or electronic copies of my medical records;
- The ability to authorize the use or disclosure of my protected health information;
- If my Personal Representative is an employee of DHMC, DHC, Cheshire Medical Center or APD the ability to access my entire medical record electronically.

I understand and acknowledge that the protected health information I am authorizing Dartmouth Health: DHMC, DHC, Cheshire Medical Center, APD, NLH, HP, or VNH to share with my Personal Representative may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information.

I understand and acknowledge that this designation applies to all clinical areas of Dartmouth Health.

This authorization shall remain in effect until I send a written request to revoke to Dartmouth Health. Submitting a new form will revoke an existing form.

Patient's Printed Name


Date

Signature of Patient or Legal Representative

Legal Representative's Name (if applicable)

"Dartmouth Health (DH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as "Dartmouth Health," Mt. Ascutney Hospital and Health Center, New London Hospital, Hanover Psychiatry and Visiting Nurses and Hospice for VT and NH. The DH ACE is comprised only of DH members who are currently using a single, integrated electronic medical record system, referred to sometimes as "eDH."

Sample

 <p>Dartmouth Health Designation of Personal Representative</p>	MRN (optional): _____ Patient Name: <u>Sarah Smith</u> Date of Birth: <u>1/1/1960</u>
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I hereby designate the following Personal Representative to assist me in exercising my health information rights under the New Hampshire Patients' Bill of Rights and the federal HIPAA Privacy Rule, as indicated below:

Name John Smith Relationship Spouse Date of Birth: 6/1/1965
 Address 1 Welcome Lane, City, State Phone Number 102-111-2345

Verbal Conversations:

I permit the staff at Dartmouth Health comprised of: Dartmouth Hitchcock Medical Center (DHMC) and Dartmouth Hitchcock Clinics (DHC); Cheshire Medical Center; Alice Peck Day Memorial Hospital (APD); New London Hospital, including Newport Health Center (NLH); Hanover Psychiatry (HP), and Visiting Nurse and Hospice for VT and NH (VNH), to discuss my protected health information, in person or by telephone, with the person named above. This includes the ability to make, cancel, or reschedule appointments on my behalf and assist me in making payments or inquiring about my billing account.

Other:

In addition, I grant my Personal Representative the following:

- Proxy access to my "myDH" patient portal account;
- The ability to request or receive paper or electronic copies of my medical records;
- The ability to authorize the use or disclosure of my protected health information;
- If my Personal Representative is an employee of DHMC, DHC, Cheshire Medical Center or APD the ability to access my entire medical record electronically.

I understand and acknowledge that the protected health information I am authorizing Dartmouth Health: DHMC, DHC, Cheshire Medical Center, APD, NLH, HP, or VNH to share with my Personal Representative may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information.

I understand and acknowledge that this designation applies to all clinical areas of Dartmouth Health.

This authorization shall remain in effect until I send a written request to revoke to Dartmouth Health. Submitting a new form will revoke an existing form.

Sarah Smith 1/1/2024
 Patient's Printed Name Date

Sarah Smith
 Signature of Patient or Legal Representative Legal Representative's Name (if applicable)

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 Scan to: Personal Representative

Returning your Designation of Personal Representative Form
 For myDH Portal Access – Send form to myDH@hitchcock.org

<input type="checkbox"/> Alice Peck Day Health Information Services 10 Alice Peck Day Drive Lebanon NH 03766 Ph: (603) 650-7110 Fax: (603) 640-1970 Email: medicalrecords@apdmh.org	<input type="checkbox"/> Cheshire Medical Center HIM Department 590 Court Street Keene, NH 03431 Ph: (603) 354-5477 Fax: (603) 676-4253 Email: cmcroi@cheshire-med.com	<input type="checkbox"/> Dartmouth Hitchcock Medical Center Health Information Services 1 Medical Center Drive Lebanon, NH 03756 Ph: (603) 650-7110 Fax: (603) 727-7406 Email: Lebanon.Release.of.Information@hitchcock.org	<input type="checkbox"/> Hanover Psychiatry 23 S. Main St., Suite 2B Hanover, NH 03755 Ph: (603) 277-9110 Fax: (603) 277-9154
<input type="checkbox"/> Manchester, Nashua & Concord - DH Health Information Services 100 Hitchcock Way Manchester, NH 03104 Ph: (603) 695-2820 Fax: (603) 727-7828 Email: DH-ROI@hitchcock.org	<input type="checkbox"/> New London Hospital Health Information Services 273 County Road New London, NH 03257 Ph: (603) 526-5247 Fax: (603) 526-5051 Email: NLHMedicalRecords@NewLondonHospital.org	<input type="checkbox"/> Newport Health Center Release of Information 11 John Stark Highway Newport, NH 03773 Ph: (603) 865-2855 Fax: (603) 863-3585	<input type="checkbox"/> Visiting Nurse and Hospice for VT/NH Health Information Services 1 Medical Center Drive Lebanon, NH 03756 Ph: (603) 650-7110 Fax: (603) 727-7406 Email: Lebanon.Release.of.Information@hitchcock.org