



130 DeSiard Street, Suite 300
Monroe, LA 71201
(318) 361-0900 Phone
(318) 361-2159 Fax
www.VantageHealthPlan.com

Authorized Personal Representative Form

MEMBER NAME: _____ **MEMBER ID NUMBER:** _____

PLEASE PRINT

A personal representative is a person or entity authorized by the member to act on his or her behalf. This form allows Vantage to share protected health information ("PHI") with your authorized personal representative. This designation should not be considered a general Power of Attorney.

Authorization provided by this form must be revoked in writing and notice should be mailed to Vantage Health Plan, Inc., 130 DeSiard Street, Suite 300, Monroe, LA 71201.

Person(s) or Entity(ies) being designated as my personal representative:

NAME: _____

ADDRESS (address, city, state, zip): _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

Effective date of designation: _____ Termination date of designation: _____
(If no term date is specified, authorization will continue until terminated.)

Relationship to Member: Attorney Family member Facility
 Power of Attorney Guardian Other

My representative's access to my records is:

- Full access
 Restricted access (if restricted, please complete the sections below for access permissions)

Restricted Access Permissions:

- | | | |
|--|---|---|
| 1. My representative can have restricted access to: | <input type="checkbox"/> View my PHI | <input type="checkbox"/> Change my primary care physician |
| | <input type="checkbox"/> File or respond on my behalf regarding an appeal | <input type="checkbox"/> Change my demographic or contact information |
| | <input type="checkbox"/> View my Power of Attorney | |
| 2. Please do not discuss the following restricted topics with my representative: | <input type="checkbox"/> Medical information/PHI | <input type="checkbox"/> Chemical dependency |
| | <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Family relationships |
| | <input type="checkbox"/> Mental health | <input type="checkbox"/> Payment history |

In order for the representative listed above to access your information, he/she must correctly state your password. Your password may be up to 30 characters long and may contain letters and/or numbers.

My Password is: _____

MEMBER SIGNATURE: _____

PRINT MEMBER NAME: _____

DATE: _____

OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Processed By: _____