

Personal Representative Form

Please print clearly in blue or black ink.



In order for this Personal Representative Form to be processed by AmeriHealth Caritas New Hampshire:

- The form must be completely filled out.
- A copy of the legal document referred to on this page must be attached to this form.

The Personal Representative Form lists the person who has legal authority to act on your behalf to make health care decisions. This information will remain on file with AmeriHealth Caritas New Hampshire until revoked by you, or revoked by a court order or law.

If you have questions, please call Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**.

Member information		
First name:	Last name:	Middle initial:
Member ID (see ID card):	Date of birth (MM/DD/YYYY):	
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		

Personal representative information		
First name:	Middle initial:	
Last name:		
Address line 1:		
Address line 2:		
City:	State:	ZIP code:
Home phone number (including area code):		
Mobile phone number (including area code):		
Email address:		
Relationship to member:	Date of birth (MM/DD/YYYY):	

**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 document you are attaching:	
<input type="checkbox"/> Health care power of attorney <input type="checkbox"/> Guardianship court order (for health care decisions) <input type="checkbox"/> Custodial court order <input type="checkbox"/> Executor/Executrix of estate (member is deceased)	<input type="checkbox"/> Other (please explain):

Signature and date of member's legal personal representative	
Name (print):	
Personal representative's signature:	Date (MM/DD/YYYY):

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Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas New Hampshire to follow certain steps 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 New Hampshire will release PHI to your personal representative after we receive a document that supports their legal authority to make health care decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). AmeriHealth Caritas New Hampshire 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.

We care about your privacy

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 entirely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas New Hampshire will not 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 put you in danger; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), AmeriHealth Caritas New Hampshire decides that it is not in your best interest to treat the person as your personal representative.

We care about your well-being

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 a law revokes it.

Completing the form

If you name a personal representative, this form will remain in effect until it is canceled. You can cancel this authority at any time. You just have to tell us by calling Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**. A court order or other laws can also cancel it.

To help AmeriHealth Caritas New Hampshire respond to this request, please complete this form by printing or typing into the spaces provided. Attach more pages if needed to make your request clear. Attach a copy of the document that says your personal representative has legal authority to act on your behalf.

Where to mail the form

Mail the completed form **and** supporting document to:

AmeriHealth Caritas New Hampshire
Consent Processing Center
P.O. Box 7092
London, KY 40742-7092

Questions? Call Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**.



Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age; race; color; ethnicity; national origin or ancestry; mental or physical disability; sexual or affection orientation or preference; gender identity; marital status; genetic information; source of payment; sex, including sex stereotypes, sex characteristics including intersex traits; pregnancy or related conditions; creed, religion; health or mental health status or history; need for health care services; amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions; whether or not the member has executed an advance directive; or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

AmeriHealth Caritas New Hampshire Grievances
1557 / Civil Rights Coordinator
P.O. Box 7389
London, KY 40742-7389
Phone: **1-833-704-1177 (TTY 1-855-534-6730)**
Email: **acfcgrievances@amerihealthcaritas.com**

- You can also file a grievance by phone. If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman
129 Pleasant Street
Concord, NH 03301-3857
1-603-271-6941 or **1-800-852-3345 ext. 16941**
Fax: **1-603-271-4632, (TTY 1-800-735-2964)**
E-mail: **ombudsman@dhhs.nh.gov**

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>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177 (TTY 1-855-534-6730)**.

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.