

## **Individual Request to Designate a Personal Representative**

This form may be used to notify Medco of a personal representative for the individual identified in Section I, below. This form may be used by either:

- The individual, who may identify and designate a person to act on his or her behalf for services provided by Medco, [Complete Sections I, II, and III]. By designating a personal representative, the individual authorizes Medco to disclose his or her health information to the personal representative identified in Section II, below. The individual may revoke a personal representative designation at any time by contacting Medco in writing at the address listed at the bottom of the form.
- A person who, under applicable law, has the authority to act on behalf of the individual in making decisions
  related to health care (e.g., health care power of attorney, court-appointed legal guardian, general power of
  attorney) [Complete Sections I, II, and IV]. Appropriate legal documentation establishing a personal
  representative relationship with the individual must accompany this completed form.

Medco will use the information provided on this form to properly process your request. Unless informed otherwise, parents are the personal representatives of minor dependent children.

SECTION I: INDIVIDUAL IDENTIFICATION (please print):				
Name:				
First			Last	
Gender: ☐ Male	□Female	Date of birth:		
)		MM	DD YYYY	
	ledco prescription card may use		alth hanafits card )	
		-	artii benerits card.)	
Address:		<b>C</b> '.		
Street		City	State Zip	
Telephone where we may contact you in case of questions:				
SECTION II: INFORMATION ABOUT THE PERSONAL REPRESENTATIVE (please print):				
First	Middle		Last	
Gender*: ☐ Male	☐ Female	Date of birth*:		
			DD YYYY	
Relationship to the ind	ividual*: □ Spouse/partner	☐ Other family member	☐ Other nonfamily	
Address line 1:				
Address line 2:				
			Zip:	
Telephone where we may contact your personal representative:				
Total phone where we in	ing commer your personal topi		<del></del>	
*Used at Medco for interna	l identification purposes only		Continue Page 2	

Print first and last name from Section I:				
Print member number from Section I:				
SECTION III: INDIVIDUAL'S DESIGNATION OF PERSONAL R	EPRESENTATIVE			
I designate the person identified in Section II to serve as my personal representative. So that he or she may act on my behalf for service understand that my personal representative will have access to all of my pheld by Medco including my prescription records, my payment history, mand my enrollment information. I further understand that my personal representative vidence information regarding my treatment for certain "sensitive conditions" (sexually transmitted diseases, substance abuse, and reproductive health sexually transmitted diseases.	resentative. By doing so, I entative, as requested by my es provided by Medco. I personal health information has health plan information, resentative may have access e.g., mental health, HIV,			
I understand that I may revoke my personal representative designation at any time by giving Medco written notice mailed to the address below. However, if I revoke this personal representative designation, I also understand that the revocation will <i>not</i> affect any action Medco took in reliance o this designation before Medco received my written notice of revocation.				
I also understand that Medco will not condition treatment, payment, enrollment, or the eligibility for health plan benefits on this personal representative designation.				
I also understand that if the person I designate as my personal representative is not subject to the Health Insurance Portability and Accountability Act ("HIPAA") or other health information privacy laws, he or she may further disclose my health information and it may no longer be protected by HIPAA or other health information privacy laws.				
This personal representative designation expires on (enter date):/MM D	/			
MM Di (If no expiration date is provided, this delegation is in effect until revoked in wr				
Signature Date				
SECTION IV: PERSONAL REPRESENTATIVE NOTIFICATION	OF STATUS			
The undersigned has authority under applicable law to act on behalf of the Section I. The information provided in Section II should be used by Mede as the personal representative of the individual in Section I. Please return legal document establishing your status as personal representative for the Section I (e.g., Health Care Proxy, Power of Attorney, Court Order, etc.).	co to identify the undersigned with this form a copy of the individual identified in			
Personal Representative Signature	Date			

## Return to Medco, Privacy Services Unit, P.O. Box 800, Franklin Lakes, NJ 07417

NOTICE: This form contains confidential information intended for Medco Privacy Services Unit. The information is intended only for use of the individual and Medco. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of action in reliance on the contents of this information is strictly prohibited.