



## Designation of Personal Representative For the Use and Disclosure of Protected Health Information

In accordance with 45 CFR 164.502(g), I hereby designate ChartSquad, LLC as my Personal Representative for the strict purpose of disclosure of my Protected Health Information (PHI). ChartSquad, LLC will have full authority to act on my behalf in order to access copies of my PHI. Further, ChartSquad, LLC is granted this designation to protect my civil rights as defined in HIPAA and HITECH.

In the event that any Covered Entity or Business Associate, as defined in 45 CFR 160.103, refuses to honor my rights under HIPAA and HITECH in response to any Patient Directive I submit, ChartSquad, LLC is granted full authority to act on my behalf in communicating with the Covered Entity, Business Associate or the Office for Civil Rights to ensure my rights are protected and that my PHI is disclosed as instructed in the aforementioned Patient Directive.

This designation of Personal Representative will remain valid for 2 years from the date of signature below unless revoked in writing. Any action taken prior to revocation remains valid.

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Print Patient Full Name

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Street Address

City

State

Zip Code

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Signature of Patient

Date