



**Designation of Personal Representative
Minor Child**

NAME:

DOB:

Two identifiers needed

MRN:

I hereby designate the following Personal Representative to assist my child 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 _____

Address _____ Phone Number _____

Verbal Conversations:

I permit the staff at Dartmouth-Hitchcock (comprised of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinics), Cheshire Medical Center, and Alice Peck Day Memorial Hospital (APD) to discuss my child's 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 child's behalf and assist in making payments or inquiring about my child's billing account.

Other:

In addition, I grant my child's Personal Representative the following:

- Proxy access to my child's "myD-H" patient portal account;
- The ability to request or receive paper or electronic copies of my child's medical records
- The ability to authorize use or disclosure of my child's protected health information;

I/we understand and acknowledge that the protected health information I/we are authorizing Dartmouth-Hitchcock, Cheshire Medical Center and APD to share with my child's Personal Representative may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information.

I/we understand and acknowledge that this designation applies to all clinical areas of Dartmouth-Hitchcock, Cheshire Medical Center, and APD.

For a non-custodial person to be granted the rights and permissions identified above to the protected health information of a minor child, both legal parents (if applicable) of the minor child must sign this form approving the appointment of the above-named designee. If custodial and parental rights and responsibilities have been granted by the Court, that documentation must be on file with Dartmouth-Hitchcock at or prior to the signing of this form or the designation of a personal representative for the minor child cannot be conveyed.

This authorization shall remain in effect until I/we send a written request to revoke to Dartmouth-Hitchcock, Cheshire Medical Center, or APD Health Information Services. Submitting a new form will revoke an existing form.

Signature of Parent or Guardian	Date	Printed Name	Relationship
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"Dartmouth-Hitchcock Health (D-HH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth-Hitchcock Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mary Hitchcock Memorial Hospital and D-H Clinic, operating jointly as "Dartmouth-Hitchcock," Mt. Scutney Hospital and Health Center, New London Hospital, and the Visiting Nurses and Hospice for VT and NH. The D-H ACE comprises only of D-HH members who are currently using a single, integrated electronic medical record system, sometimes referred to as "eD-H."