State of Illinois
Illinois Department of Healthcare and Family Services

PERSONAL REPRESENTATIVE DESIGNATION

- Federal law says that the Illinois Department of Healthcare and Family Services (Agency) cannot share your health information without your permission except in certain situations. If you sign this form, you are giving the Agency permission to treat the person(s) you name as your Personal Representative, and to share your health information with that person.
- You can name more than one person as your Personal Representatives.
- This Personal Representative Designation will last until you tell the Agency you do not want it to treat the person(s) you name below as your Personal Representative any longer.
- Right to Revoke: If you decide you do not want the Agency to treat the person(s) you name below as your Personal Representative any longer, sign the Revocation at the end of this form and give this form to the Agency. Any revocation can only apply on and after the date the Agency receives the Revocation. The Agency cannot cancel disclosures it made to the Personal Representative before it received the Revocation.
- You can keep a copy of this Personal Representative Designation, and can contact the Healthcare and Family Services Privacy Officer to get a copy if you do not have one.

My Name: _____ Date of Birth: _____

Recipient I.D. Number (RIN): _____

I name the following person(s) to act as my Personal Representative: _____

☐ This person has all the rights that I have regarding my health information that the Agency has.

☐ This person is acting as my Personal Representative only for these functions:

Term of Authorization: The Agency may share my health information from the date of this Personal Representative Designation until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to the Agency.

Signature: _____ Date: _____

REVOCATION:
I no longer want the person named above to act as my Personal Representative.

Signature: _____ Date: _____

Send this **Personal Representative Designation** or **Revocation** to:
Privacy Officer
Healthcare and Family Services
P.O. Box 19159
Springfield, Illinois 62794-9159

If you have any questions, contact the Privacy Office at the address to the left, or the phone number below. The call is free.

Toll-free telephone: 1-800-226-0768
(Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012
Fax: 1-217-524-2397
e-mail address: privacy.officer@illinois.gov

Print Form