

Oklahoma Kidney Stone Center

Designation of Personal Representative

You have the right to let a friend or a family member decide what information can be given to other people about your medical care. If you give that right to someone that means they can call your doctor and be told what you are being treated for, what the bill is for, how much the bill is, any other information this center has about you, **AND they can tell this center who else to give the information to.**

If you want to give someone else that right you must sign this form and give it to your center.

If you change your mind, you must let us know by writing a letter to us or signing the bottom of this page.

DESIGNATION SECTION

I, _____ (print name) want the following person to be able to make decision about who can get medical information about me. _____
(Print Name of Personal Representative)

This person is to have all of the choices that I would have in regards to my health information.

RESTRICTIONS

The person can only do the following: Handle problems with billing
 Make appointment/change appointments

Other: _____

I understand that I may cancel this designation at any time by **signing the revocation section of my copy of this form and returning it to Oklahoma Kidney Stone Center.** I further understand that the cancellation of this consent does not affect any information that was given out from the time I signed this consent and the date my cancellation was received by the center.

Signature

Date

REVOCACTION SECTION

I hereby cancel this designation of a personal representative.

Signature

Date