

Professional Village Medical Center  
13700 19 Mile Road  
Sterling Heights, MI 48313  
P: (586) 247-6020  
F: (586) 247-7048

## Designation of Personal Representative

I, \_\_\_\_\_, hereby designate

\_\_\_\_\_ to act on behalf of myself as listed below.  
(If more than one Personal Representative being designated, please list below signature)

I authorize my Personal Representative to act for me to:

- Receive Protected Health Information and any information that is or would be provided to me by the physicians at Professional Village Medical Center (John S. DeMare D.O., P.C., Steven R. Shepherd D.O., P.C., Joyce A. McDonald D.O., P.C., and Frank A. DiPonio D.O., P.C.), including, but not limited to, any information that relates to any treatment, test results, consultation, billing, and insurance information.

-Enforce any individual rights that I have regarding my Protected Health Information under HIPPA.

I understand that this designation is subject to approval by the doctor(s). I also understand that once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at anytime by submitting a signed statement to that effect to the doctor's office.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_