

Personal Representative Request Form

Please print clearly in blue or black ink.

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for an AmeriHealth Caritas Next member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at **1-833-999-3567 (TTY 711)**.

Member information		
First name:	Middle initial:	Last name:
Member ID number:	Date of birth (MM/DD/YYYY): □/□/□□□□	
Address line 1:		
Address line 2:		
City:	State: □□	ZIP code: □□□□□□
Home phone number (including area code): (□□□) □□□ - □□□□□□		
Mobile phone number (including area code): (□□□) □□□ - □□□□□□		
Email address:		

Personal representative information		
First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: □□	ZIP code: □□□□□□
Home phone number (including area code): (□□□) □□□ - □□□□□□		
Mobile phone number (including area code): (□□□) □□□ - □□□□□□		
Email address:		
Relationship to member:	Date of birth: (MM/DD/YYYY) □/□/□□□□	

Please keep a copy of this form for your records.



**A copy of legal documentation must be attached to this form.
If you do not attach legal documentation, this form cannot be processed.**

Type of documentation you are attaching:

- Power of attorney for health care decisions
- Legal guardianship
- Custodial order
- Executor of estate

Other (please specify):

Signature and date of member's legal personal representative

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY): / /

Please keep a copy of this form for your records.



Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas Next to follow certain procedures before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. AmeriHealth Caritas Next will release PHI to your personal representative upon receipt of documentation supporting their legal authority to make health-related decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). AmeriHealth Caritas Next will also recognize as a personal representative an executor, an administrator, or a person recognized by law as having authority to act on behalf of a deceased member or the member's estate.

This is what you need to know:

Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be completely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas Next will not, however, treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse, or neglect by the personal representative; (2) treating the person as your personal representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), AmeriHealth Caritas Next decides that it is not in your best interest to treat the person as your personal representative.

This is what you need to know:

We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order, or an applicable law revokes it.

This is what you need to know:

If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist AmeriHealth Caritas Next in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative's legal authority to act on your behalf.

This is what you need to know:

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

AmeriHealth Caritas Next
Consent Processing Center
P.O. Box 7092
London, KY 40742-7092

Questions? Call Member Services at
1-833-999-3567 (TTY 711).



AmeriHealth Caritas
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www.amerihealthcaritasnext.com/fl

Notice of Nondiscrimination

AmeriHealth Caritas Next complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. AmeriHealth Caritas Next does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

AmeriHealth Caritas Next provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AmeriHealth Caritas Next provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at **1-833-999-3567 (TTY 711)**.

If you believe that AmeriHealth Caritas Next has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a grievance with:

AmeriHealth Caritas Next

Attention: Grievances
P.O. Box 7450
London, KY 40742-7450

Fax: **1-833-435-2967**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
- By phone at **1-800-368-1019 (TTY 1-800-537-7697)**

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.



English: You can get this material and other plan information in large print for free. To get materials in large print, call Member Services at **1-833-999-3567 (TTY 711)**.

If English is not your first language, we can help. Call **1-833-999-3567 (TTY 711)**. You can ask us for the information in this material in your language. We have access to interpreter services and can help answer your questions in your language.

Spanish: Puede obtener esta publicación y otra información del plan en letra grande de forma gratuita. Para recibir información en letra grande, llame a Servicios al Miembro al **1-833-999-3567 (TTY 711)**.

Si el inglés no es su lengua materna, podemos ayudar. Llame al **1-833-999-3567 (TTY 711)**. Puede solicitarnos la información que se encuentra en esta publicación en su idioma. Tenemos acceso a los servicios de interpretación y podemos ayudarlo a responder sus preguntas en su idioma.

Simplified Chinese: 您可以免费获取本资料内容及其他计划相关信息的大号字体版。如需获取以大号字体印刷的资料，请致电会员服务部 **1-833-999-3567 (TTY 711)**。

如果英语不是您的第一语言，我们可以提供帮助。请致电 **1-833-999-3567 (TTY 711)**。

您可以使用您的语言向我们索取本资料内容中的信息。我们可以提供口译服务，可以用您的语言解答您的问题。

Vietnamese: Quý vị có thể nhận được tài liệu này và các thông tin khác về chương trình ở dạng bản in chữ lớn miễn phí. Để nhận được tài liệu ở dạng bản in chữ lớn, vui lòng gọi tới Dịch Vụ Hội Viên theo số **1-833-999-3567 (TTY 711)**.

Nếu tiếng Anh không phải là tiếng mẹ đẻ của quý vị, chúng tôi có thể hỗ trợ. Vui lòng gọi **1-833-999-3567 (TTY 711)**. Quý vị có thể yêu cầu chúng tôi cung cấp thông tin trong tài liệu này bằng ngôn ngữ của quý vị. Chúng tôi có quyền tiếp cận các dịch vụ thông dịch và có thể giúp giải đáp thắc mắc bằng ngôn ngữ của quý vị.



Korean: 본 자료 및 기타 플랜 정보를 큰 활자체로 무료로 제공받을 수 있습니다. 큰 활자체의 자료를 제공받으려면 **1-833-999-3567 (TTY 711)** 으로 회원 서비스에 문의하십시오.

영어가 모국어가 아닌 경우, 저희가 도와드릴 수 있습니다.

1-833-999-3567 (TTY 711) 으로 문의하십시오. 귀하의 언어로 된 본 자료의 정보를 요청하실 수 있습니다. 통역 서비스를 통해서 귀하의 질문에 대한 답변을 귀하의 언어로 제공하는 데 도움을 드릴 수 있습니다.

French: Vous pouvez obtenir gratuitement ce document et d'autres informations sur le plan en gros caractères. Pour ce faire, appelez l'équipe service aux membres au **1-833-999-3567 (TTY 711)**.

Si l'anglais n'est pas votre langue maternelle, nous pouvons vous aider. Appelez au **1-833-999-3567 (TTY 711)**. Vous pouvez nous demander les informations figurant dans ce document dans votre propre langue. Nous avons accès à des services d'interprétation et nous pouvons répondre à vos questions dans votre propre langue.

Arabic:

يمكنك الحصول على هذه المادة ومعلومات أخرى عن الخطة في مطبوعة كبيرة مجاناً. للحصول على مواد مطبوعة كبيرة اتصل بخدمات الأعضاء على **1-833-999-3567 (TTY 711)**.

إذا لم تكن اللغة الإنجليزية لغتك الأولى، فيمكننا مساعدتك. اتصل بالرقم **1-833-999-3567 (TTY 711)**. يمكنك أن تطلب منا المعلومات الموجودة في هذه المادة بلغتك. لدينا إمكانية الوصول إلى خدمات مترجمين فوريين ويمكننا المساعدة في الإجابة عن أسئلتك بلغتك.

Hmong: Koj muaj peev xwm tau txais cov ntaub ntawv no thiab lwm cov lus qhia txog pawg kho mob sau ua ntawv luam loj pub dawb. Yog koj xav tau cov ntaub ntawv sau ua ntawv luam loj, hu rau Lub Thawj Fab Saib Xyuas Hauj Lwm Kev Pab Cuam Rau Tswv Cuab ntawm **1-833-999-3567 (TTY 711)**.

Yog tias lus As Kiv tsis yog koj thawj hom lus, peb muaj peev xwm pab tau. Hu rau **1-833-999-3567 (TTY 711)**. Koj muaj peev xwm nug peb tau txog rau cov lus qhia nyob rau hauv cov ntaub ntawv no hais ua koj hom lus. Peb muaj kev txuas cuag tau rau cov kev pab cuam fab kev txhais lus thiab muaj peev xwm pab teb tau koj cov lus nug hais ua koj hom lus.



Russian: Крупношрифтовые издания как данного печатного материала, так и другой информации о страховом плане вы можете получить бесплатно. Чтобы получить материалы, напечатанные крупным шрифтом, обратитесь в отдел обслуживания членов плана по телефону **1-833-999-3567 (TTY 711)**.

Если ваш родной язык не английский, мы можем помочь. Позвоните по телефону **1-833-999-3567 (TTY 711)**. Вы можете попросить предоставить вам информацию, изложенную в данном печатном материале, на вашем языке. Мы имеем доступ к услугам переводчиков и можем ответить на ваши вопросы на вашем родном языке.

Tagalog: Maaari mong makuha ang babasahing na ito at iba pang impormasyon sa plano sa malaking print nang libre. Upang makakuha ng mga babasahin sa malaking print, tumawag sa Member Services (Mga Serbisyo para sa Miyembro) sa **1-833-999-3567 (TTY 711)**.

Kung hindi mo unang wika ang Ingles, maaari kaming makatulong. Tumawag sa **1-833-999-3567 (TTY 711)**. Maaari kang humingi ng impormasyon sa amin sa babasahing ito sa iyong wika. Mayroon kaming access sa mga serbisyo ng tagapagsalin at maaaring tumulong sa pagsagot sa iyong mga katanungan sa iyong wika.

Gujarati: તમે આ સાહિત્ય અને યોજનાની અન્ય માહિતી વિના મૂલ્ય મોટી પ્રિન્ટમાં મેળવી શકો છો. મોટી પ્રિન્ટમાં સાહિત્ય મેળવવા માટે, મેમ્બર સર્વિસીસને **1-833-999-3567 (TTY 711)** પર કોલ કરો.

જો ઇંગ્લીશ તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-833-999-3567 (TTY 711)** પર કોલ કરો. તમે આ સાહિત્યની માહિતી તમારી ભાષામાં મેળવવા અમને પૂછી શકો છો. અમારી પાસે દુભાષિયા સેવાઓ ઉપલબ્ધ છે અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે મદદ કરી શકીએ છીએ.

Mon-Khmer: អ្នកអាចទទួលបានឯកសារនេះនិងព័ត៌មានគម្រោងផ្សេងៗទៀតជាអក្សរព្រមធំដោយមិនគិតថ្លៃ។ ដើម្បីទទួលបានឯកសារជាអក្សរព្រមធំ សូមហៅទៅកាន់សេវាកម្មសមាជិកតាមរយៈលេខ **1-833-999-3567 (TTY 711)**។

ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយបាន។ ហៅទូរស័ព្ទទៅលេខ **1-833-999-3567 (TTY 711)**។ អ្នកអាចស្នើសុំ យើងខ្ញុំនូវព័ត៌មាននៅក្នុងឯកសារនេះជា ភាសាប្រសើរ។ យើងមានសិទ្ធិចូល រៀបរយសេវាបកប្រែ និងអាចជួយអ្នកឆ្លើយសណ្ឋានរបស់អ្នកជាភាសារបស់អ្នក។



German: Dieses Material und andere Plan-Informationen sind kostenlos erhältlich. Um Materialien in großen Buchstaben zu bestellen, wenden Sie sich bitte unter **1-833-999-3567 (TTY 711)** an den Mitglieder-Service.

Falls Englisch nicht Ihre Muttersprache ist, helfen wir Ihnen gerne. Rufen Sie an: **1-833-999-3567 (TTY 711)**.

Sie können die Informationen in diesem Material bei uns in Ihrer Sprache erhalten. Wir haben Zugang zu Dolmetscher-Diensten und können Ihre Fragen in Ihrer Sprache beantworten.

Hindi: आप को यह साहित्य और अन्य योजना जानकारी बड़े प्रिंट में मुफ्त प्राप्त हो सकती है। बड़े प्रिंट में यह साहित्य प्राप्त करने के लिए, **1-833-999-3567 (TTY 711)** पर सदस्य सेवाओं को कॉल करें। यदि अंग्रेजी आपकी मातृभाषा नहीं है, हम आपकी सहाय्यता कर सकते हैं। **1-833-999-3567 (TTY 711)**।

पर कॉल करें। आप अपनी भाषा में इस साहित्य की जानकारी मांग सकते हैं। हमारे पास दुभाषिया सेवाएं उपलब्ध हैं और आपकी भाषा में आपके सवालों के जवाब देने में सहाय्यता कर सकते हैं।

Laotian: ທ່ານສາມາດຮັບເອກະສານນີ້ ແລະຂໍ້ມູນແຜນການອື່ນໆ ໃນແບບ ພິມໃຫຍ່ໄດ້ຟີ. ເພື່ອຈະຮັບເອກະສານ ໃນຂະໜາດໃຫຍ່, ກະລຸນາໂທຫາສູນ ບໍລິການສະມາຊິກທີ່ **1-833-999-3567 (TTY 711)**.

ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາທຳອິດ ຂອງທ່ານ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາ **1-833-999-3567 (TTY 711)**.

ທ່ານສາມາດຂໍ ຂໍ້ມູນໃນເອກະສານ ນີ້ຈາກພວກເຮົາໃນ ພາສາຂອງທ່ານ ໄດ້. ພວກເຮົາສາມາດ ຂໍໃຫ້ມີບໍລິການ ນາຍພາສາແລະສາມາດ ຊ່ວຍຕອບຄໍາ ຖາມຂອງທ່ານໃນ ພາສາຂອງທ່ານ.

Japanese: この資料とその他のプラン情報は拡大版で無料にて提供致します。拡大版を請求するには、メンバーサービス **1-833-999-3567 (TTY 711)** までお電話ください。英語が母国語でない方には、サポート致します。こちらにお電話下さい。 **1-833-999-3567 (TTY 711)** 資料に関する情報をご自分の言語で請求することができます。また、通訳サービスによる質問対応が可能です。



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