

## 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 a Prestige Health Choice 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 **1-855-355-9800 (TTY 1-855-358-5856)**.

### Member information

First name:	Middle initial:	Last name:
Member ID number:		Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		

### Personal representative information

First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: <input type="text"/> <input type="text"/>	ZIP code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile phone number (including area code): ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email address:		
Relationship to member:		Date of birth (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>

Personal Representative Request Form

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:	
<input type="checkbox"/> Power of attorney for health care decisions <input type="checkbox"/> Legal guardianship <input type="checkbox"/> Custodial order <input type="checkbox"/> Executor of estate	<input type="checkbox"/> Other (please specify):

Signature and date of member's legal personal representative	
Name (print):	
Personal representative's signature:	
Date (MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	

Please keep a copy of this form for your records.

## Personal Representative Request Form

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### Important information about personal representatives

The federal Privacy Rule requires Prestige Health Choice 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. Prestige Health Choice 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). Prestige Health Choice 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.

Prestige Health Choice 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), Prestige Health Choice 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 Prestige Health Choice 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:

#### **Prestige Health Choice**

P.O. Box 7181  
London, KY 40742

Questions? Call Member Services at **1-855-355-9800** (TTY **1-855-358-5856**).





## **Discrimination is against the law**

Prestige Health Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Prestige does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Prestige:

- 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).
- 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 Prestige at **1-855-355-9800 (TTY 1-855-358-5856)**. We are available 24-hours, 7 days a week.

If you believe that Prestige has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance and Appeals, PO Box 7368, London, KY 40742. **1-855-371-8078 (TTY 1-855-371-8079)**, Fax: **1-855-358-5847**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, Prestige Member Services is available to help you.

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>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019 (TDD 1-800-537-7697)**

Complaint forms are available at:

**<http://www.hhs.gov/ocr/office/file/index.html>**.



English: This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan **1-855-355-9800 (1-855-358-5856 pou moun ki pa tande byen yo)**, 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.

French: Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter notre équipe service clientèle au **1-855-355-9800 (1-855-358-5856 pour les malentendants)**, 24 heures sur 24, sept jours sur sept. Si l'anglais n'est pas votre langue maternelle ou si vous souhaitez demander une aide auxiliaire, des services d'aide sont gratuitement mis à votre disposition.

Russian: Эта информация доступна бесплатно на других языках и в других форматах. Звоните в Отдел обслуживания клиентов по тел. **1-855-355-9800 (TTY/TDD 1-855-358-5856)** — круглосуточно и без выходных. Если ваш родной язык не английский или вы хотели бы запросить дополнительную помощь, вы можете воспользоваться бесплатными услугами перевода.

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue. Chiamate il nostro servizio clienti al numero **1-855-355-9800 (non udenti 1-855-358-5856)** 24 ore al giorno, sette giorni su sette. Se la vostra prima lingua non è l'inglese, o per richiedere attrezzature di supporto sensoriale, sono disponibili servizi d'assistenza, gratuitamente.

Vietnamese: Thông tin này có sẵn miễn phí ở các ngôn ngữ khác. Vui lòng liên lạc bộ phận dịch vụ khách hàng của chúng tôi theo số **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 giờ một ngày, bảy ngày trong tuần. Nếu ngôn ngữ chính của quý vị không phải là tiếng Anh, hoặc để yêu cầu các thiết bị trợ giúp bổ sung, thì quý vị có thể sử dụng miễn phí các dịch vụ hỗ trợ.

Portuguese: Estas informações estão disponíveis gratuitamente em outros idiomas. Por favor, entre em contato com o nosso serviço de atendimento ao cliente pelo número **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 horas por dia, sete dias por semana. Se o seu idioma principal não for o inglês, ou se você precisar solicitar recursos auxiliares para deficientes, os serviços de assistência estão disponíveis gratuitamente para você.

Chinese Mandarin: 这些信息还免费以其他语言提供。请随时联系我们的客户服务电话 **1-855-355-9800 (TTY/TDD 1-855-358-5856)**，该电话每周 7 天、每天 24 小时全天候提供服务。如果您的母语不是英语，或者需要请求辅助设备，您可以免费获得援助服务。

Chinese Cantonese: 這份資訊還免費以其他語言提供。請隨時聯絡我們的客戶服務電話 **1-855-355-9800 (TTY/TDD 1-855-358-5856)**，該電話每周 7 天、每天 24 小時全天候提供服務。如果您的母語不是英語，或者需要請求輔助設備，您可以免費獲得援助服務。

Tagalog: Makukuha nang libre ang impormasyong ito sa mga iba pang wika. Mangyaring makipag-ugnay sa numero ng customer service sa **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 na oras sa isang araw, pitong araw sa isang linggo. Kung hindi Ingles ang inyong pangunahing wika, o upang humiling ng mga kagamitang pantulong, may matatanggap kayong libreng serbisyo sa pagsasalin sa wika.

Arabic:

يمكنك الحصول على هذه المعلومات بلغات أخرى مجانًا. لطلب مساعدات وخدمات إضافية يُرجى الاتصال بخدمة العملاء على الرقم **1-855-355-9800 (الهاتف النصي/للصم 1-855-358-5856)**، على مدار 24 ساعة في اليوم، سبعة أيام في الأسبوع. تتوفر لك خدمات لغوية مجانية إذا كانت لغتك الأساسية ليست الإنجليزية أو إذا طلبت مساعدات إضافية.

German: Diese Information wird kostenlos in anderen Sprachen angeboten. Bitte setzen Sie sich unter der Rufnummer **1-855-355-9800** (für TeleTypewriter/Telekommunikationsgeräte [TTY/TDD] **1-855-358-5856**) mit unserem Kundendienst in Verbindung, der Ihnen an sieben Tagen der Woche 24 Stunden lang zur Verfügung steht. Falls Englisch nicht Ihre Muttersprache ist, können Sie eine kostenlose Sprachhilfe nutzen.

Korean: 본 정보는 다른 언어로도 무료로 제공됩니다. 주 7일 하루 24시간 운영되는 고객 서비스 **1-855-355-9800 (TTY/TDD 1-855-358-5856)**번으로 연락하시기 바랍니다. 영어가 모국어가 아니거나 장애인 보조 장치 및 서비스가 필요하신 경우, 무료로 지원 서비스가 제공됩니다.

Polish: Poniższa informacja jest dostępna bezpłatnie w innych językach i formatach. Prosimy o kontakt z Działem obsługi klienta pod numerem telefonu **1-855-355-9800 (TTY/TDD 1-855-358-5856)**, 24 godziny na dobę, siedem dni w tygodniu. Jeśli angielski nie jest Twoim pierwszym językiem lub w celu uzyskania dodatkowej pomocy, możesz korzystać z bezpłatnej obsługi w tym zakresie.

Gujarati: આ માહિતી મફતમાં અન્ય ભાષાઓમાં ઉપલબ્ધ છે. કૃપા કરીને અમારી ગ્રાહક સેવાના નંબર **1-855-355-9800 (ટીટીઆઇ/ટીડીડી 1-855-358-5856)**, દિવસમાં 24 કલાક, અઠવાડિયાના સાત દિવસો નો સંપર્ક કરો. જો તમારી પ્રાથમિક ભાષા અંગ્રેજી નથી, અથવા ઉપયોગીસાધનોની વિનંતી કરવા માટે, તમારા માટે સહાયક સેવાઓ નિઃશુલ્ક ઉપલબ્ધ છે.

Thai: ข้อมูลนี้สามารถใช้ได้ฟรีในภาษาอื่น ๆ โปรดติดต่อหมายเลขบริการลูกค้าของเราที่หมายเลข **1-855-355-9800 (TTY/TDD 1-855-358-5856)** ได้ตลอด 24 ชั่วโมงทุกวัน สัปดาห์ละ 7 วัน หากภาษาหลักของคุณไม่ใช่ภาษาอังกฤษหรือต้องการติดต่อขอรับบริการเสริมคุณสมารถได้รับความช่วยเหลือได้โดยไม่เสียค่าใช้จ่าย

Japanese: この情報は他の言語でも無料でご利用いただけます。年中無休で対応しておりますので、弊社カスタマーサービスのフリーダイヤル **1-855-355-9800 (TTY/TDD 1-855-358-5856)** までお問い合わせください。母国語が英語でない場合は、無料のサービスをご利用いただけます。