

## DBHIDS Appointment of Personal Representative

My name is \_\_\_\_\_.

I receive services funded by Philadelphia County's Department of Behavioral Health and Intellectual disAbility Services.

My address is \_\_\_\_\_.

My date of birth is \_\_\_\_\_. My social security number is \_\_\_\_\_.

I would like \_\_\_\_\_ to be my Personal Representative for the purpose of the complaint that I have filed or will be filing. This means that they will be acting on my behalf during the complaint process.

The complaint was filed, or will be filed, on \_\_\_\_\_.

The following is a short description of what my complaint is about:

**I understand that DBHIDS cannot share my information until my identity has been appropriately verified. If there are any questions on how I can verify my identity, I can contact the DBHIDS HIPAA Privacy Officer at DBHIDS.HIPAA@phila.gov or call 1-888-858-1748 to discuss my options.**

I understand that because my Personal Representative will be acting for me, they will receive confidential information about me. This information could include any evaluations and records of any treatment that I have received. This is called "Protected Health Information" ("PHI") under the federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). My PHI is also confidential under the Pennsylvania Mental Health Procedures Act.

I give DBHIDS permission to give my Personal Representative any of my PHI that is needed for this complaint.

This form will allow my Personal Representative to act for me only for this complaint. If for any reason the complaint is not decided within 365 days, I will have to sign a new form if I want to keep my Personal Representative.

Signature of Eligible Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative's address: \_\_\_\_\_

Personal Representative's telephone number: \_\_\_\_\_

You can revoke the rights of your Personal Representative at any time by informing the DBHIDS Compliance Program by:

888-686-6332 or 215-685-5458

215-685-5580 (fax)

Email: [DBHIDS.Complaints@Phila.gov](mailto:DBHIDS.Complaints@Phila.gov)

Mail: **DBHIDS, Quality Management and Compliance**

**DBHIDS Complaints, 1101 Market St., Seventh Floor, Philadelphia, 19107-2907**

City of Philadelphia