Dartmouth Health **Designation of Personal Representative Minor Child**	MRN (optional): _____ Patient Name: _____ Date of Birth: _____ Two identifiers needed or Patient Label

I hereby designate the following Personal Representative to assist my child in exercising their health information rights under the New Hampshire Patients' Bill of Rights and the federal HIPAA Privacy Rule, as indicated below:

Name _____ Relationship _____ Date of Birth: _____

Address _____ Phone Number _____

Verbal Conversations:

I permit the staff at Dartmouth Hitchcock (comprised of Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics), Cheshire Medical Center, Alice Peck Day Memorial Hospital (APD) and New London Hospital, including Newport Health Center (NLH), Hanover Psychiatry (HP), and Visiting Nurse and Hospice for VT and NH (VNH), to discuss my child's protected health information, in person or by telephone, with the person named above. This includes the ability to make, cancel, or reschedule appointments on my child's behalf and assist in making payments or inquiring about my child's billing account.

Other:

In addition, I grant my child's Personal Representative the following:

- ❑ Proxy access to my child's "myDH" patient portal account;
- ❑ The ability to request or receive paper or electronic copies of my child's medical records;
- ❑ The ability to authorize the use or disclosure of my child's protected health information;

I understand and acknowledge that the protected health information I am authorizing Dartmouth Hitchcock, Cheshire Medical Center, APD, NLH HP, or VNH, to share with my child's Personal Representative may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information.

I/we understand and acknowledge that this designation applies to all clinical areas of Dartmouth Hitchcock, Cheshire Medical Center, APD, NLH, HP, and VNH.

For a non-custodial person to be granted the rights and permissions identified above to the protected health information of a minor child, <u>BOTH</u> legal parents (if applicable) of the minor child must sign this form approving the appointment of the above-named designee. If custodial and parental rights and responsibilities have been granted by the Court, that documentation must be on file with Dartmouth Health at or prior to the signing of this form or the designation of a personal representative for the minor child cannot be conveyed.

This authorization shall remain in effect until I/we send a written request to revoke to Dartmouth Hitchcock, Cheshire Medical Center, APD, NLH, HP or VNH Health Information Services. Submitting a new form will revoke an existing form.

_____

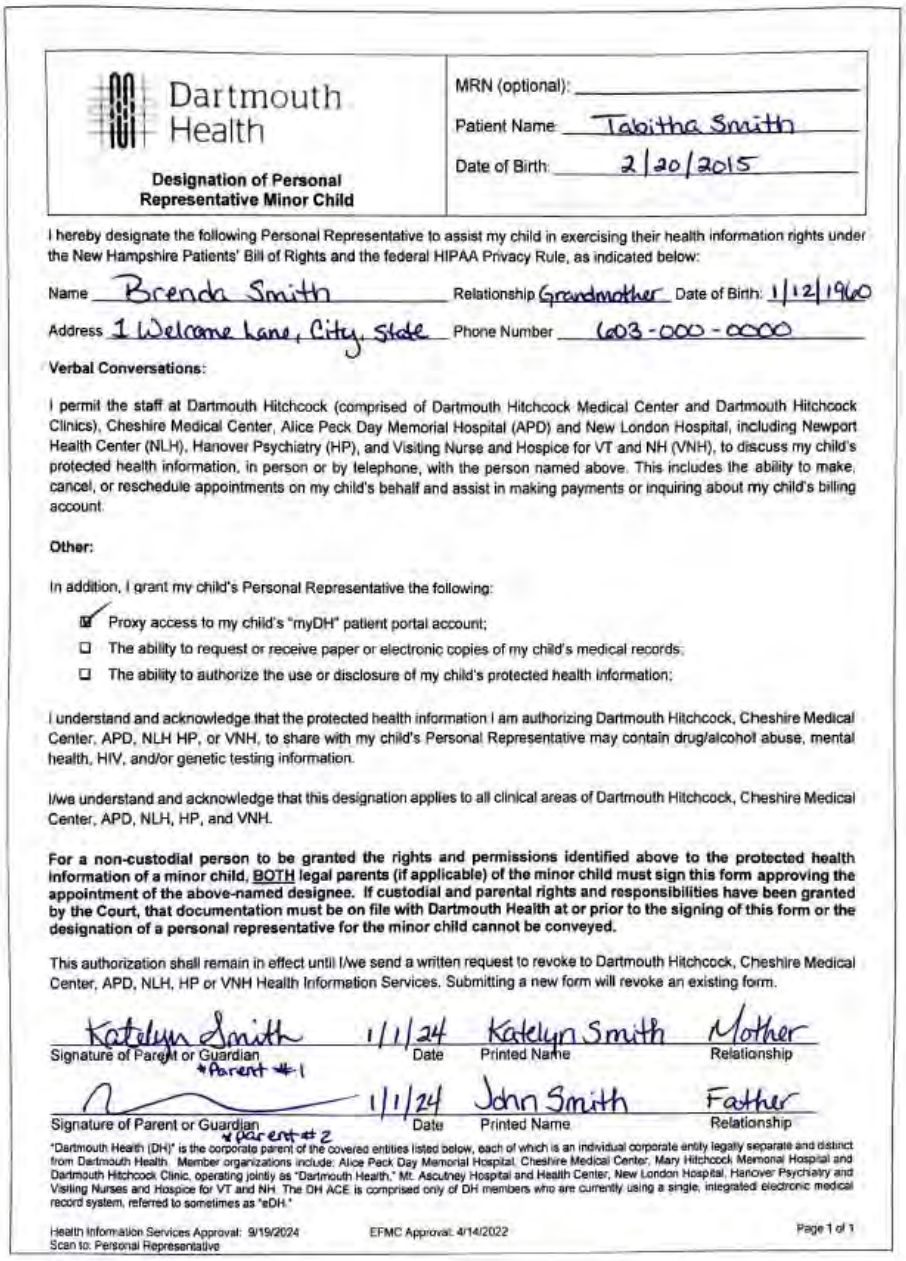
Signature of Parent or Guardian Date Printed Name Relationship

_____

Signature of Parent or Guardian Date Printed Name Relationship

"Dartmouth Health (DH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as "Dartmouth Health," Mt. Ascutney Hospital and Health Center, New London Hospital, Hanover Psychiatry and Visiting Nurses and Hospice for VT and NH. The DH ACE is comprised only of DH members who are currently using a single, integrated electronic medical record system, referred to sometimes as "eDH."

SAMPLE:



Dartmouth Health

Designation of Personal Representative Minor Child

MRN (optional): _____

Patient Name: Tabitha Smith

Date of Birth: 2/20/2015

I hereby designate the following Personal Representative to assist my child in exercising their health information rights under the New Hampshire Patients' Bill of Rights and the federal HIPAA Privacy Rule, as indicated below:

Name Brenda Smith Relationship Grandmother Date of Birth: 1/12/1960

Address 1 Welcome Lane, City, State Phone Number 603-000-0000

Verbal Conversations:

I permit the staff at Dartmouth Hitchcock (comprised of Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics), Cheshire Medical Center, Alice Peck Day Memorial Hospital (APD) and New London Hospital, including Newport Health Center (NLH), Hanover Psychiatry (HP), and Visiting Nurse and Hospice for VT and NH (VNH), to discuss my child's protected health information, in person or by telephone, with the person named above. This includes the ability to make, cancel, or reschedule appointments on my child's behalf and assist in making payments or inquiring about my child's billing account.

Other:

In addition, I grant my child's Personal Representative the following:

- ☑ Proxy access to my child's "myDH" patient portal account;
- ☐ The ability to request or receive paper or electronic copies of my child's medical records;
- ☐ The ability to authorize the use or disclosure of my child's protected health information;

I understand and acknowledge that the protected health information I am authorizing Dartmouth Hitchcock, Cheshire Medical Center, APD, NLH HP, or VNH, to share with my child's Personal Representative may contain drug/alcohol abuse, mental health, HIV, and/or genetic testing information.

I/we understand and acknowledge that this designation applies to all clinical areas of Dartmouth Hitchcock, Cheshire Medical Center, APD, NLH, HP, and VNH.

For a non-custodial person to be granted the rights and permissions identified above to the protected health information of a minor child, BOTH legal parents (if applicable) of the minor child must sign this form approving the appointment of the above-named designee. If custodial and parental rights and responsibilities have been granted by the Court, that documentation must be on file with Dartmouth Health at or prior to the signing of this form or the designation of a personal representative for the minor child cannot be conveyed.

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Katelyn Smith 1/1/24 Katelyn Smith Mother
Signature of Parent or Guardian *Parent #1 Date Printed Name Relationship

1/1/24 John Smith Father
Signature of Parent or Guardian *parent #2 Date Printed Name Relationship

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Health Information Services Approval: 9/19/2024 EFMC Approval: 4/14/2022 Page 1 of 1
Scan to: Personal Representative

Returning your Designation of Personal Representative Form For myDH Portal Access – Send form to myDH@hitchcock.org

❑ **Alice Peck Day** Health Information Services 10 Alice Peck Day Drive Lebanon NH 03766 Ph: (603) 650-7110 Fax: (603) 640-1970 Email: medicalrecords@apdmh.org	❑ **Cheshire Medical Center** HIM Department 590 Court Street Keene, NH 03431 Ph: (603) 354-5477 Fax: (603) 676-4253 Email: cmcroi@cheshire-med.com	❑ **Dartmouth Hitchcock Medical Center** Health Information Services 1 Medical Center Drive Lebanon, NH 03756 Ph: (603) 650-7110 Fax: (603) 727-7406 Email: Lebanon.Release.of.Information@hitchcock.org	❑ **Hanover Psychiatry** 23 S. Main St., Suite 2B Hanover, NH 03755 Ph: (603) 277-9110 Fax: (603) 277-9154

❑ **Manchester, Nashua & Concord - DH** Health Information Services 100 Hitchcock Way Manchester, NH 03104 Ph: (603) 695-2820 Fax: (603) 727-7828 Email: DH-ROI@hitchcock.org	❑ **New London Hospital** Health Information Services 273 County Road New London, NH 03257 Ph: (603) 526-5247 Fax: (603) 526-5051 Email: NLHMedicalRecords@NewLondonHospital.org	❑ **Newport Health Center** Release of Information 11 John Stark Highway Newport, NH 03773 Ph: (603) 865-2855 Fax: (603) 863-3585	❑ **Visiting Nurse and Hospice for VT/NH** Health Information Services 1 Medical Center Drive Lebanon, NH 03756 Ph: (603) 650-7110 Fax: (603) 727-7406 Email: Lebanon.Release.of.Information@ hitchcock.org