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Personal Representative Designation

You have the right to designate a personal representative(s). If you designate a personal representative(s) below, the office may disclose limited information regarding your healthcare to your personal representative(s). This designation will remain valid until revoked in writing, unless you specify a calendar date or event below.

Patient Name: _____ Date of Birth _____

Date of Request: _____ Date or Event this designation becomes *invalid*: _____

I request the following person(s) to receive information about my healthcare:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Type of information we will disclose:

Appointments

Test Results

Diagnosis

Medications

Referrals

Billing

Other information, if any, you want disclosed to the above names person(s):

Signature of individual or other person authorized to act on behalf of individual and relationship

Date