

Please print clearly in blue or black ink.

In order for this Personal Representative Form to be processed by AmeriHealth Caritas VIP Care (HMO-SNP):

- The form must be completely filled out.
- A copy of the legal document referred to on this page must be attached to this form.

The Personal Representative Form lists the person who has legal authority to act on your behalf to make health care decisions. This information will remain on file with AmeriHealth Caritas VIP Care until revoked by you, or revoked by a court order or law.

If you have questions, please call Member Services at **1-833-535-3767 (TTY 711)**. Call Monday – Friday, 8 a.m. to 8 p.m., from April 1 – September 30, or seven days a week, 8 a.m. to 8 p.m., from October 1 – March 31.

Member information

First name:		Middle initial:
Last name:	Date of birth (MM/DD/YYYY):	
Member ID (see ID card):		
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):	

**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 document you are attaching:	
<input type="checkbox"/> Health care power of attorney <input type="checkbox"/> Guardianship court order (for health care decisions) <input type="checkbox"/> Custodial court order <input type="checkbox"/> Executor/Executrix of estate (member is deceased)	<input type="checkbox"/> Other (please explain):

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 VIP Care to follow certain steps 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 VIP Care will release PHI to your personal representative after we receive a document that supports their legal authority to make health care decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). AmeriHealth Caritas VIP Care 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.

We care about your privacy

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 entirely filled out for it to be processed. This includes attaching legal documentation.

AmeriHealth Caritas VIP Care will not 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 put you in danger; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), AmeriHealth Caritas VIP Care decides that it is not in your best interest to treat the person as your personal representative.

We care about your well-being

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 a law revokes it.

Completing the form

If you name a personal representative, this form will remain in effect until it is canceled. You can cancel this authority at any time. You just have to tell us by calling Member Services at **1-833-535-3767 (TTY 711)**. A court order or other laws can also cancel it.

To help AmeriHealth Caritas VIP Care respond to this request, please complete this form by printing or typing into the spaces provided. Attach more pages if needed to make your request clear. Attach a copy of the document that says your personal representative has legal authority to act on your behalf.

Where to mail the form

Mail the completed form **and** supporting document to:

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

Questions? Call Member Services at **1-833-535-3767 (TTY 711)**.

Discrimination is Against the Law

AmeriHealth Caritas VIP Care (HMO-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AmeriHealth Caritas VIP Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas VIP Care:

- 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 AmeriHealth Caritas VIP Care Member Services at **1-833-535-3767 (TDD 711)**. We are available from 8 a.m. – 8 p.m., five days a week, April 1 – September 30, and from 8 a.m. – 8 p.m., seven days a week, October 1 – March 31.

If you believe that AmeriHealth Caritas VIP Care 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:

- AmeriHealth Caritas VIP Care Grievances and Complaints Department, P.O. Box 7140, London, KY 40742- 7140, Phone: 1-833-535-3767 (TDD/TT: 711), Fax: 1-855-221-0046.
- You can file a grievance by mail, fax, or phone. If you need help filing a complaint or grievance, AmeriHealth Caritas VIP Care 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

AmeriHealth Caritas VIP Care is a HMO-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-535-3767. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-535-3767. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-535-3767。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-535-3767。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-535-3767. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-535-3767. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-535-3767 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-535-3767. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-535-3767 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-535-3767. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-535-3767. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-535-3767 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-535-3767. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-535-3767. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-535-3767. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-535-3767. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-535-3767 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0093_004_232976900_C

007