

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 an AmeriHealth Caritas VIP Care (HMO-SNP) 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 1-888-533-5490 (TTY 711), 8 a.m. – 8 p.m., seven days a week.

Member information		
First name:	Middle initial:	Last name:
Member ID number:	Date of birth (MM/DD/YYYY): □/□/□	
Address line 1:		
Address line 2:		
City:	State: □□	ZIP code: □□□□□
Home phone number (including area code): (□□□) □□□ - □□□□		
Mobile phone number (including area code): (□□□) □□□ - □□□□		
Email address:		

Member 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 documentation you are attaching:

- Power of attorney for health care decisions
- Legal guardianship
- Custodial order
- Executor of estate

Other (please specify):

Signature and date of member's legal personal representative

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY): / /

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Important information about personal representatives

The federal Privacy Rule requires AmeriHealth Caritas VIP Care 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. AmeriHealth Caritas VIP Care 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). 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.

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.

AmeriHealth Caritas VIP Care 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), AmeriHealth Caritas VIP Care 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 AmeriHealth Caritas VIP Care 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:

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

Questions? Call Member Services at **1-888-533-5490** (TTY 711), 8 a.m. – 8 p.m., seven days a week.

Discrimination is Against the Law

AmeriHealth Caritas VIP Care 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 **1-855-332-0434 (TDD/TTY 711)**. We are available from 8 am to 8 pm, seven days a week.

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 Appeals & Grievances Department, P.O. Box 337, Essington, PA 19029, Phone: **1-855-332-0434 (TDD/TTY 711)**, Fax: 1-855-221-0046.
- You can file a grievance by mail, fax, or phone. If you need help filing a 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>.

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Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-332-0434 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-332-0434 (TTY: 711).

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：1-855-332-0434 (TTY: 711)。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 1-855-332-0434 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-332-0434 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-332-0434 (телетайп: 711).

Pennsylvania Dutch: Wann du Deitsch schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-332-0434 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-332-0434 (TTY: 711) 번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-332-0434 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-332-0434 (رقم هاتف الصم والبكم: (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-332-0434 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-332-0434 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-332-0434 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-332-0434 (TTY: 711).

French Creole: ATANSYON: Si w pale kreyòl ayisyen, ou ka resevwa sèvis ki la pou ede moun ki pale yon lòt lang, epi sèvis sa yo gratis. Rele nan nimewo 1-855-332-0434 (pou moun ki pa tande byen: 711).

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-332-0434 (TTY: 711)។

Portugués: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-332-0434 (TTY: 711).

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