



Authorized Personal Representative Designation Form

Mid-America Carpenters Regional Council Health Fund (Fund)

St. Louis-Kansas City Region

1419 Hampton Avenue, St. Louis, MO 63139 Attn: Privacy Officer

Phone: (314) 644-4802, option 1 | Fax: (314) 678-1110 | Email: benefits@laborfunds.org

Print clearly using black or blue ink.

Please read the Recognition (Authorization) of Personal Representative Policy Statement on page 2 before completing this form.

A general Power of Attorney will not be accepted unless it specifically addresses decisions related to healthcare.

SECTION 1: PARTICIPANT OR COVERED INDIVIDUAL INFORMATION	
Participant/Covered Individual Full Name (Last, MI, First)	Participant ID (see UMR or UHC ID card) or Last 4 SSN
Mailing Address (Street, City, State, Zip)	
Cell Phone Number	Email Address

SECTION 2: PARTICIPANT OR COVERED INDIVIDUAL ATTESTATION	
I hereby designate the Authorized Personal Representative named below to (check one): <input type="checkbox"/> Act on <u>my</u> behalf <input type="checkbox"/> Act on the behalf of: _____ Relationship to participant: _____	
Authorized Personal Representative (APR) Full Name (Last, MI, First)	Relationship to Participant/Covered Individual
APR Mailing Address (Street, City, State, Zip)	APR Cell Phone Number
What types of PHI may be used and disclosed by the Funds? (check only one)	
<input type="checkbox"/> My complete health record maintained by the Fund Office, including, but not limited to, diagnoses, lab test results, treatment, and billing records for all conditions. This includes specific permission to release records regarding: a. Psychological, psychiatric, or other mental health conditions (excluding "psychotherapy notes" as defined in 45 CFR § 164.501) b. Drug use, alcoholism, or other substance use disorders; c. Mental and/or behavioral health; d. Communicable or non-communicable diseases, including tests for or records of HIV/AIDS; and e. Gene-related conditions, including genetic test results; or <input type="checkbox"/> Other* (please specify): _____ * Examples may include records related to benefit eligibility or the lack of payment of benefits, or claims related to a certain injury.	

I understand that: (1) this designation is subject to approval by the Fund Office; (2) once approved, this designation will remain in effect until I revoke it; and (3) I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office. I certify that I have read and understand the Recognition (Authorization) of Personal Representative Policy Statement on page 2.

X	_____	_____
Signature of Participant or Covered Individual		Date
X	_____	_____
Signature of Authorized Personal Representative		Date

Mail, fax, or email this completed form to the address on the top of this form, Attn: HIPAA Privacy Officer.

Recognition (Authorization) of Personal Representative Policy Statement

Effective April 14, 2003

This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and pursuant to section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act (ERISA). If the privacy rules are changed by HHS, we will follow the revised rules.

Recognition (Authorization) of Personal Representative Policy

The Plan will treat a personal representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules. The personal representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.

The Plan may elect not to treat a person as the personal representative of an individual if:

- (1) The Plan Administrator or the Privacy Official has a reasonable belief that:
 - i. The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - ii. Treating such person as the personal representative could endanger the individual; and
- (2) The Plan Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's personal representative.

The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Plan agrees to a request by an individual to restrict disclosure of PHI to the deemed personal representative under section 164.522 of the privacy regulation:

- **Spouses:** The Plan will consider a spouse of a participant to be the personal representative of the participant. In addition, a participant will be deemed to be the personal representative of their spouse where the spouse is a beneficiary under the plan. Participants and beneficiaries should refer to the Plan's Privacy Notice for instructions on the Plan's procedure if they wish to restrict access of PHI to their spouse.
- **Adult Children:** The Plan will consider the parent or guardian, as defined in the Plan, of an adult child (18 or over) to be the personal representative of the adult child. Adult children should refer to the Plan's Privacy Notice if they wish to restrict access to their parents.
- **Unemancipated Minors:** The Plan will consider a parent or guardian, as defined in the Plan, as the personal representative of an unemancipated minor (17 or under) unless applicable law requires otherwise, or the Plan agrees to abide by a participant or beneficiary request that the Plan restrict disclosure of PHI to a parent or guardian.
- **Deceased Individuals:** The Plan will automatically recognize the following persons as personal representatives of deceased individuals or their estates: (a) Executors; (b) Administrators; (c) Other persons with authority to act on behalf of the deceased individual or their estate.
- **Treating Physician Regarding An Urgent Claim:** In the case of an "urgent claim," a "health care professional" (as these terms are defined in ERISA's claims regulation) with knowledge of a participant or beneficiaries medical condition will be automatically recognized by the Plan as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
- **Healthcare Power Of Attorney:** The Plan will automatically recognize any person who holds a legal healthcare power of attorney for an individual as that individual's personal representative.
- **Other Applicable Law:** The Plan will recognize any person who is authorized under State or other applicable law (e.g. court-appointed legal guardian) to act on behalf of the individual in making health care related decisions as that individual's personal representative.

The Plan may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a family member, other relative or close personal friend of the individual, or any other person identified by the individual, and the disclosure is directly relevant to such person's involvement with the individual's care or payment for the individual's care pursuant to sections 164.510(b) of HIPAA's privacy regulation. See the Plan's Policy and Procedure for Uses and Disclosures for Involvement in an Individual's Care and for Notification Purposes.

Where the Fund Authorized Personal Representative Designation form has been completed and approved, it will be recognized by the Plan as long as the individual making the designation is covered by the Plan. No other personal representative forms will be accepted. The individual has a right to revoke the designation at any time by submitting a signed statement to the Plan office revoking the designation. To designate another individual as personal representative, a new form must be completed and approved by the Plan.

Recognition (Authorization) of Personal Representatives Procedures

Other than those individuals deemed to be personal representatives in paragraph 2 of the Policies related hereto, the Fund will only treat an individual as a personal representative where an Authorized Personal Representative Designation form has been completed, signed, and the Fund office has approved the designation. All personal representatives will be subject to the Fund's verification procedure.