
Principal's DOB

**DESIGNATION OF PERSONAL REPRESENTATIVE AND AUTHORIZATION TO
RELEASE HEALTH INFORMATION**

I, JOHN DOE, of _____, New Hampshire, hereby appoint my
(relationship) _____, (name) _____, of
(city/state) _____, or any surrogate appointed pursuant to N.H.
R.S.A. 137-J:35, as my personal representative, under the Health Insurance Portability and
Accountability Act of 1996, as it may be amended, and the regulations thereunder (hereinafter
"HIPAA").

In the event the person I appoint above is unable, unwilling or unavailable, or ineligible to
act as my personal representative, I hereby appoint my (relationship) _____,
(name) _____, of (city/state) _____, or any surrogate
appointed pursuant to N.H. R.S.A. 137-J:35, as alternate personal representative.

Upon request of my personal representatives, I hereby direct any covered entity and/or
business associate of a covered entity to disclose my individually identifiable health information to
such requesting personal representative. I hereby acknowledge that such individually identifiable
health information may be subject to re-disclosure by my requesting personal representative and no
longer protected under HIPAA.

Covered entities and their business associates may rely upon the representation of my
requesting personal representative as to all matters pertaining to the disclosure of my individually
identifiable health information, and no covered entity or business associate who acts in reliance
upon the representation of my requesting personal representative pursuant to the authority granted
hereunder to my personal representatives shall incur any liability to me or my estate as a result of
complying with the request of my personal representative unless prior notice was provided to such
covered entity or business associate that the authority granted to my personal representative
hereunder was revoked as provided below.

The authority granted herein to my personal representatives shall continue in effect until (i) I
revoke this designation and authorization in writing and notice to that effect is provided to such
covered entity and/or such business associate, or (ii) I die and a fiduciary (e.g., executor or
administrator) of my estate is appointed by a court of competent jurisdiction and notice of such
appointment is provided to such covered entity and/or such business associate, whichever occurs
first. If a fiduciary of my estate is so appointed, such fiduciary or co-fiduciaries, as the case may be,
shall thereafter be my personal representative under HIPAA.

As used herein the terms "personal representative", "individually identifiable health
information", "covered entities" and "business associates" shall all have the same meanings as set
forth in HIPAA.

TWO WITNESSES OR A NOTARY PUBLIC ARE REQUIRED.

NEITHER WITNESS MAY BE THE PRINCIPAL'S NAMED HEALTH CARE AGENT, SPOUSE, HEIR-AT-LAW, ANY PERSON ENTITLED TO ANY PORTION OF THE ESTATE OF THE PRINCIPAL AT THE TIME OF THE PRINCIPAL'S DEATH, THE PRINCIPAL'S ATTENDING PHYSICIAN, APRN, OR PERSON ACTING UNDER THE DIRECTION OF THE PRINCIPAL'S ATTENDING PHYSICIAN. NO MORE THAN ONE WITNESS MAY BE THE PRINCIPAL'S HEALTH OR RESIDENTIAL CARE PROVIDER OR AN EMPLOYEE THEREOF.

IN WITNESS WHEREOF, I have set my hand on _____, 2021.

Witness

Witness

JOHN DOE

STATE OF NEW HAMPSHIRE
COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me on _____, 2021, by
JOHN DOE.

Notary Public/Justice of the Peace/
Commissioner of Deeds
My Commission Expires:
(Seal)