

## Appointment of Lay Caregiver

I, \_\_\_\_\_, hereby appoint my \_\_\_\_\_, \_\_\_\_\_, as my Lay Caregiver. If he or she is not reasonably available or declines to act, I appoint my \_\_\_\_\_, \_\_\_\_\_, as my successor Lay Caregiver.

The purpose of this Appointment is to assist me with my recovery from a hospital stay. The hospital shall consult with my Lay Caregiver for my care needs and issue an at home care plan that describes my after care needs following my discharge from the hospital to my home. The address of my Lay Caregiver is \_\_\_\_\_, telephone number \_\_\_\_\_. The best way to contact my Lay Caregiver is \_\_\_\_\_.

### **HIPAA Release Authority:**

I intend for my Lay Caregiver to be treated as I would be treated with respect to my rights regarding the use and disclosure of my medical records and my other individually identifiable health information. This release authority applies to all information governed by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, other covered health care provider, insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my Lay Caregiver, without restriction, all of my medical records and my other individually identifiable health information regarding any past, present, or future medical or mental health condition including, but not limited to, all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

The authority given to my Lay Caregiver under this instrument shall supersede all prior agreements that I may have made with, and all prior instructions that I may have given to, my health care providers to restrict access to or disclosure of my medical records and my other individually identifiable health information. The authority given to my Lay Caregiver under this section of this Appointment shall be effective immediately, even though I am capable of consenting to my health care.

The Appointer can be the patient, the patient's health care representative, or the patient's health care attorney-in-fact. The Appointer may revoke this appointment at any time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

