

Orion Health Insurance Pool, Inc. (ORION) Form to Appoint a Personal Representative

Complete the following chart to indicate the name of the proposed Personal Representative

	Plan Participant	Proposed Personal Representative
Name (print):		
Address (City, State, Zip):		
Phone:	()	()
IMPORTANT: Insert the Personal Representative's Password for Telephonic Identification:		

I, _____ *[Name of Participant or Beneficiary]* hereby designate
_____ *[Name of Personal Representative]*:

- to act on my behalf,
 to act on behalf of my dependent child(ren) named:

in receiving:

- a. any protected health information (PHI) that is (or would be) provided to me as a participant/beneficiary of the Plan, including any individual rights that I have regarding my PHI under HIPAA.
- b. only the following protected health information to conduct the following functions on my behalf:
_____.

I understand that this designation of a Personal Representative is subject to approval by the Plan. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by completing a form to Revoke a Personal Representative available from the Privacy Officer. I understand that I may review a copy of the Plan's Policy on Personal Representatives.

Participant or Beneficiary's Signature

Date

Personal Representative's Signature

Date

The above Personal Representative request is:

- approved.
 not approved because: _____

Privacy Officer: _____ Date: _____, 20__

Once completed, please return this form to the:
Orion Health Insurance Pool, Inc. (ORION)
ATTN: Privacy Officer
333 East Osborn, Suite 300 Phoenix, AZ 85012
Telephone: 1-800-718-8328