

TEXAS LUNG CENTER, P. A.

FRANK A. BRANCACCIO, M. D. MICHAEL M. MAKARY, M.D.
ROBERT D. BLACK, M. D. DAVID L. LUTERMAN, M.D. MARK W. MILLARD, M. D.

Designation of Personal Representative

I, _____, do hereby appoint (you may appoint more than one person):

(hereinafter called "Personal Representative(s)") to act on my behalf regarding all matters relating to Texas Lung Center, P. A., except as set forth in the following paragraph. My personal representative(s) shall have full authority to act, and receive notices, on my behalf with respect to any Texas Lung Center, P. A. matters.

I **DO NOT** want my personal representative(s) to receive the following information:

I am aware that the Health Insurance Portability and Accountability Act of 1996 governs access to medical information and have received and understand Texas Lung Center, P.A.'s *Notice of Privacy Practices*. I understand that, in connection with the performance of his/her duties hereunder, my personal representative(s) may receive my protected health information and I hereby consent to any disclosure of my protected health information to my personal representative(s).

(Patient Printed Name)

(Patient Signature)

(Date)