

Print first and last name from Section I: _____

Print member number from Section I: _____

SECTION III: INDIVIDUAL'S DESIGNATION OF PERSONAL REPRESENTATIVE

I designate the person identified in Section II to serve as my personal representative. By doing so, I authorize Medco to disclose my health information to my personal representative, as requested by my personal representative, so that he or she may act on my behalf for services provided by Medco. I understand that my personal representative will have access to all of my personal health information held by Medco including my prescription records, my payment history, my health plan information, and my enrollment information. I further understand that my personal representative may have access to information regarding my treatment for certain "sensitive conditions" (e.g., mental health, HIV, sexually transmitted diseases, substance abuse, and reproductive health services).

I understand that I may revoke my personal representative designation at any time by giving Medco written notice mailed to the address below. However, if I revoke this personal representative designation, I also understand that the revocation will *not* affect any action Medco took in reliance on this designation before Medco received my written notice of revocation.

I also understand that Medco will not condition treatment, payment, enrollment, or the eligibility for health plan benefits on this personal representative designation.

I also understand that if the person I designate as my personal representative is not subject to the Health Insurance Portability and Accountability Act ("HIPAA") or other health information privacy laws, he or she may further disclose my health information and it may no longer be protected by HIPAA or other health information privacy laws.

This personal representative designation expires on (enter date): ____/____/____
MM DD YYYY

(If no expiration date is provided, this delegation is in effect until revoked in writing)

Signature _____ Date _____

SECTION IV: PERSONAL REPRESENTATIVE NOTIFICATION OF STATUS

The undersigned has authority under applicable law to act on behalf of the individual identified in Section I. The information provided in Section II should be used by Medco to identify the undersigned as the personal representative of the individual in Section I. Please return with this form a copy of the legal document establishing your status as personal representative for the individual identified in Section I (e.g., Health Care Proxy, Power of Attorney, Court Order, etc.).

Personal Representative Signature

Date

Return to Medco , Privacy Services Unit, P.O. Box 800, Franklin Lakes, NJ 07417

NOTICE: This form contains confidential information intended for Medco Privacy Services Unit. The information is intended only for use of the individual and Medco. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of action in reliance on the contents of this information is strictly prohibited.