

Dr. David R. Winchester, D.M.D., P.C.
**Appointment of Personal Representative for Disclosure
of Healthcare Information**

This form is to appoint a personal representative to whom you are instructed to disclose *all* of my healthcare and/or personal information that you maintain.

is hereby appointed as said personal representative. Until you receive a written cancellation of this appointment, you are instructed to make available to this personal representative *all* of the healthcare and/or personal information you maintain about patient:

Note that this appointment does not give the appointed personal representative control over the patient's healthcare, nor does it grant this person any rights whatsoever to handle financial, medical, dental, or other decisions for the named patient. This appointment *only* grants to the appointed personal representative the right to disclosure of the healthcare and/or personal information you maintain concerning the patient named above.

I have read your Notice of Privacy Policies and I understand that I may cancel this person's status as a personal representative at any time, but only by giving you written notice to do so.

Signature _____ Date _____

If this form is signed by a personal representative of the patient, please, complete the following:

Personal Representative's Name _____

Relationship to Patient _____

Mail or deliver the completed form to:

Dr. David R. Winchester
Suite 100
2500 Center Point Parkway
Center Point, AL 35215