Personal Representative Request Form

Please print clearly in blue or black ink.

FirstChoice
by Select Health of South Carolina
Your Hometown Health Plan

Healthy Connections

This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for a First Choice by Select Health of South Carolina member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at **1-888-276-2020** or send a fax to **1-843-569-4807.**

Member information		
First name:	Middle initial:	Last name:
Member ID number:		Date of birth (MM/DD/YYYY): ☐☐/☐☐/☐☐☐☐
Address line 1:		
Address line 2:		
City:	State: ☐☐	ZIP code: ☐☐☐☐☐
Home phone number (including area code): (☐☐☐) ☐☐☐-☐☐☐☐		
Mobile phone number (including area code): (☐☐☐) ☐☐☐-☐☐☐☐		
Email address:		

Personal representative information		
First name:	Middle initial:	Last name:
Address line 1:		
Address line 2:		
City:	State: ☐☐	ZIP code: ☐☐☐☐☐
Home phone number (including area code): (☐☐☐) ☐☐☐-☐☐☐☐		
Mobile phone number (including area code): (☐☐☐) ☐☐☐-☐☐☐☐		
Email address:		
Relationship to member:		Date of birth (MM/DD/YYYY): ☐☐/☐☐/☐☐☐☐

Please keep a copy of this form for your records.

A copy of legal documentation must be attached to this form. If you do not attach legal documentation, this form cannot be processed.	
Type of documentation you are attaching:	
☐ Power of attorney for health care decisions ☐ Legal guardianship ☐ Custodial order ☐ Executor of estate	☐ Other (please specify):

Signature and date of member's legal personal representative
Name (print):
Personal representative's signature:
Date (MM/DD/YYYY): ☐☐/☐☐/☐☐☐☐

Please keep a copy of this form for your records.

Important information about personal representatives

The federal Privacy Rule requires Select Health of South Carolina to follow certain procedures before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. Select Health of South Carolina will release PHI to your personal representative upon receipt of documentation supporting their legal authority to make health-related decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). Select Health of South Carolina will also recognize as a personal representative an executor, an administrator, or a person recognized by law as having authority to act on behalf of a deceased member or the member's estate.

This is what you need to know:
Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be completely filled out for it to be processed. This includes attaching legal documentation.

Select Health of South Carolina will not, however, treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse, or neglect by the personal representative; (2) treating the person as your personal representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional's judgment), Select Health of South Carolina decides that it is not in your best interest to treat the person as your personal representative.

This is what you need to know:
We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order, or an applicable law revokes it.

This is what you need to know:
If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist Select Health of South Carolina in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative's legal authority to act on your behalf.

This is what you need to know:
This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

Select Health of South Carolina
Consent Processing Center
P.O. Box 7092
London, KY 40742-7092

Questions? Call Member Services at

1-888-276-2020 (fax 1-843-569-4807).

FirstChoice
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Your Hometown Health Plan

Notice of Non-Discrimination

First Choice by Select Health of South Carolina complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, age, national origin, ancestry, nationality, creed, citizenship, alienage, marital or domestic partnership or civil union status, affectional or sexual orientation, physical, cognitive or mental disability, veteran status, whistleblower status, gender identity and/or expression, genetic information or any other characteristic protected under federal, state, or local law.

First Choice provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact First Choice at **1-888-276-2020** (TTY **1-888-765-9586**). We are available Monday – Friday (8 a.m. – 9 p.m.) and Saturday – Sunday (8 a.m. – 6 p.m.).

If you believe that First Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Grievance Supervisor First Choice Member Services
  P.O. Box 40849, Charleston, SC 29423-0849
  1-888-276-2020 (TDD/TTY **1-888-765-9586**)
  Fax: **1-800-575-0419**
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, First Choice Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: **1-800-537-7697**)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

FirstChoice by Select Health of South Carolina | Healthy Connections

Your Hometown Health Plan

www.selecthealthofsc.com

Language services

English: If your primary language is not English, language assistance services are available to you, free of charge. Call: **1-888-276-2020** (TTY: **1-888-765-9586**).

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-276-2020** (TTY: **1-888-765-9586**).

Arabic:
إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-276-2020** (رقم هاتف الصم والبكم: TTY: **1-888-765-9586**).

Portuguese: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-276-2020** (TTY: **1-888-765-9586**).

Russian: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-276-2020** (TTY: **1-888-765-9586**).

Vietnamese: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-276-2020** (TTY: **1-888-765-9586**).

Brazilian Portuguese: Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame **1-888-276-2020** (TTY : **1-888-765-9586**).

Chinese: 如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-276-2020** (TTY: **1-888-765-9586**)。

Falam: Falam tawng thiam tu na si le tawng let nak asi mi **1-888-276-2020** (TTY: **1-888-765-9586**) ah tang ka pek tul lo in na ko thei.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ़्त भाषा सहायता सेवाएँ उपलब्ध हैं। काल करें: **1-888-276-2020** (TTY: **1-888-765-9586**)।

Korean: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-276-2020** (TTY: **1-888-765-9586**)번으로 전화해 주십시오.

Chin: Hakha holh a hmangmi na si ahcun man lo in holh leh piaknak lei bawmchanh khawh na si. Auh khawhnak: **1-888-276-2020** (TTY: **1-888-765-9586**).

French: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-276-2020** (ATS : **1-888-765-9586**).

Karen:
နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူာ်လၢာ်စ့ၤ နီတမံၤဘာ်သ့နူာ်လီၤ. ကိး **1-888-276-2020** (TTY: **1-888-765-9586**).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል: ወደ ሚከተለው ቁጥር ይደውሉ **1-888-276-2020** (መስማት ለተሳናቸው: **1-888-765-9586**)።

Burmese: အကယ်၍ သင်သည်မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၌အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-888-276-2020** (TTY: **1-888-765-9586**) သို့ ခေါ်ဆိုပါ။