



**This is the form that you requested to have a Personal Representative Designation**

This is the form that you asked Community Care to send to you.

You need to fill out this form, sign your name, write the date on the form and mail it to the address below.

**Community Care Behavioral Health Organization  
Privacy Officer  
One Chatham Center, Suite 700  
Pittsburgh, PA 15219**

Community Care will review the information, and will send you a written response.

**Please print and use a pen to fill in the form.**

<b>Your Name:</b>		
<b>Your Address:</b>		
<b>Your Date of Birth:</b>		
<b>Your Social Security Number:</b>		
<b>Name, address, and phone number of the person that you want to represent you.</b>		
<b>Anything that you do not want Community Care to discuss with your personal representative:</b>		
<b>The date that you want this to stop:</b>		
<b>Your Phone Number:</b>		<b>Please write your phone number in case we need to call you.</b>
If you do not want this request to have a personal representative designee to expire, leave this section blank. If you do want it to stop on a certain date write the date here:		

**2. You need to sign your name and write the date on the lines below:**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. If you are a minor, please write in who you guardian is:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**If you are having trouble with filling out this form, you can call the  
Member Services Number at 1-866-738-9849  
or the Spanish Line at 1-866-229-3187.**

**Please do not write on these lines below.**  
**Date Received:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_ **Response Sent:** \_\_\_\_\_