



Optum Medical Care, P.C.

NEXTGEN ID# \_\_\_\_\_  
(For Office Use)

**REMOVAL OF DESIGNATION OF PERSONAL REPRESENTATIVE**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Patient Address:**  
**Street:** \_\_\_\_\_ **Apartment #** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

I hereby request that my prior designation of the following person(s) listed below as my personal representative(s) be removed and understand and acknowledge that this designation revokes the Personal Representative(s) from having any power over my protected health information.

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

**Please return to staff member or mail to:**  
Optum Medical Care, P.C.  
100 South Bedford Road  
Mount Kisco, NY 10549  
ATTN: Medical Records Department

**or via fax:**  
914-242-1393

**or via email:**  
medrec1@caremount.com