

How to fill out the Personal Representative Designation form



Use the Personal Representative Designation form to:

- **Give permission** for us to talk to and share your health information with someone other than you **or**
- **End permission** for us to talk to someone other than you

HOW TO GIVE PERMISSION for us to talk to someone other than you

To add a Personal Representative, follow these steps:

1. Fill in your information

- My Name – Enter your first and last name
- Date of Birth – Enter your date of birth in the format MM/DD/YYYY
- Recipient I.D. Number (RIN) – Enter your RIN Number. It has 9 numbers. *You can find it on the back of your HFS Medical Card.*

My Name: <input type="text"/>	Date of Birth: <input type="text"/>
Recipient I.D. Number (RIN): <input type="text"/>	

2. List the people you would like to give us permission to talk to and share information with about your Medicaid benefits and managed care enrollment

- Personal Representative – Enter the first and last names of these people

I name the following person(s) to act as my Personal Representative: <input type="text"/>

3. Choose what information you want us to share with these people by selecting **only one** check box below

- Choose the **first check box** if you want these people to do **everything** you can do
- Choose the **second check box** if you want these people to **only do some things** you can do. If you select this box, describe the things these people can do for you in the box below it.

<input type="checkbox"/> This person has all the rights that I have regarding my health information that the Agency has.
<input type="checkbox"/> This person is acting as my Personal Representative only for these functions:
<input type="text"/>

4. Sign and date under Term of Authorization

- When you sign under Term of Authorization, you allow the people you chose to share the health information you approved until you end (revoke) your permission
- You, your Power of Attorney (POA), or your guardian **must sign the form**
 - » If you fill out the digital form, select Term of Authorization, click on the signature box, and type or draw your signature. Then click "Apply." The date will fill in by itself.

Term of Authorization: The Agency may share my health information from the date of this Personal Representative Designation until I revoke the Personal Representative Designation by signing the Revocation below, and giving the Revocation to the Agency.	
Signature: _____	Date: <input type="text"/>

- If your POA or guardian signs the form for you, they must also fax us or upload their approved POA or Guardianship form. See **How to send documents** on page 4.

5. Submit the Personal Representative Designation form in **one of these ways**

• Online

- a. Click in the signature box "Click here to sign." Your signature will fill in by itself.

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- b. Click in the email box and type your email address

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- c. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form.

<input type="checkbox"/> By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital.	<input type="button" value="Click to Sign"/>
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• By fax

- a. Fax your completed form to 1-312-596-0249

Allow 3 business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.

HOW TO END PERMISSION for us to talk with someone other than you

To remove a Personal Representative, follow these steps:

1. Fill in your information

- My Name – Enter your first and last name
- Date of Birth – Enter your date of birth in the format MM/DD/YYYY
- Recipient I.D. Number (RIN) – Enter your RIN Number. It has 9 numbers.
You can find it on the back of your HFS Medical Card.

My Name: <input type="text"/>	Date of Birth: <input type="text"/>
Recipient I.D. Number (RIN): <input type="text"/>	

2. List the people you would like to end your permission for us to talk to and share information with about your Medicaid benefits and managed care enrollment

- Personal Representative – Enter the first and last names of these people

I name the following person(s) to act as my Personal Representative: <input type="text"/>

3. Sign and date under REVOCATION

- When you sign under REVOCATION, you end (revoke) the permission you gave for us to share your health information with people you chose in the past
- You, your Power of attorney (POA), or your guardian **must sign the form**
 - » If you fill out the digital form, select REVOCATION, click on the signature box, and type or draw your signature. Then click "Apply." The date will fill in by itself.

REVOCATION: I no longer want the person named above to act as my Personal Representative.	
Signature: <input type="text"/>	Date: <input type="text"/>

4. Submit the Personal Representative Designation form in **one of these ways**

• Online

- a. Click in the signature box "Click here to sign." Your signature will fill in by itself.

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- b. Click in the email box and type your email address

Signature: <input type="text" value="Click here to sign"/>
Email: <input type="text" value="Enter your email address"/>

- c. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form.

<input type="checkbox"/> By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital.	<input type="button" value="Click to Sign"/>
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Questions? Call us at **1-877-912-8880** (TTY: 1-866-565-8576).

Call Monday to Friday, 8 a.m. to 6 p.m. The call is free.

• **By fax**

- a. Fax your completed form to 1-312-596-0249

Allow 3 business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.

HOW TO SEND DOCUMENTS

To send us documents, submit them in one of 3 ways:

1. **Attach a file** to the [digital Personal Representative Designation form](#)

- a. Click in the box "Click to Attach POA/Guardian forms." A window will appear.
- b. Find the file on your device you want to attach
- c. When the file name appears in the window below, click "Open"

Privacy Officer Office of the General Counsel Healthcare and Family Services 201 S. Grand Ave. East, 3rd Floor Springfield, IL 62763-1000	Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline) Toll-free for persons using a TTY: 1-877-204-1012 Fax: 1-217-524-2397 e-mail address: HFS_privacy.officer@illinois.gov
Click to Attach POA/Guardian forms	

- d. If the file is attached, the file name should appear on the form

Privacy Officer Office of the General Counsel Healthcare and Family Services 201 S. Grand Ave. East, 3rd Floor Springfield, IL 62763-1000	Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline) Toll-free for persons using a TTY: 1-877-204-1012 Fax: 1-217-524-2397 e-mail address: HFS_privacy.officer@illinois.gov
FILE: Power of Attorney.docx	

2. Securely **upload forms** to the website

- a. Go to the [Personal Representative Designation Additional Documentation Form](#)
- b. Type the first and last name of the member

- c. Type the RIN of the member

- d. Type the phone number of the member

- e. Type the first and last name of the Personal Representative

- f. Select the document type for each file you want to send

Document type	Attachments
Power of Attorney	Click to Attach Doc1
Select...	Click to Attach Doc2
Select...	Click to Attach Doc3

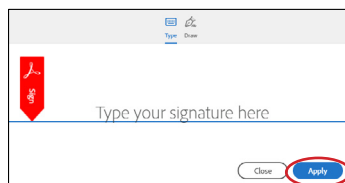
- g. Attach a file for each document type you selected

Document type	Attachments
Power of Attorney	FILE: Power of Attorney.docx
Select...	Click to Attach Doc2
Select...	Click to Attach Doc3

- h. Click in the signature box. The date will fill in by itself.

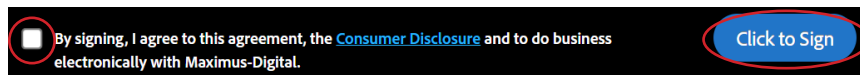
SIGN HERE to prove the documents you are submitting are correct and up to date.	
Signature	Date
Click here to sign	05/10/2022

- i. Type or draw your signature, then click "Apply"



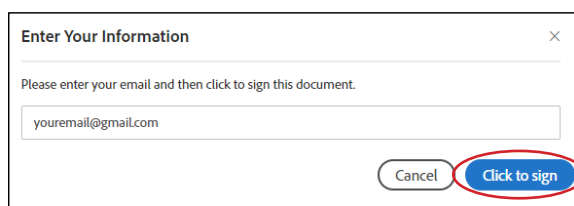
A signature capture window with a red pen icon on the left and the text "Type your signature here" in the center. At the bottom right, there are two buttons: "Close" and "Apply". The "Apply" button is circled in red.

- j. This message will appear: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." Check the box, then click the blue "Click to Sign" button to submit the form.



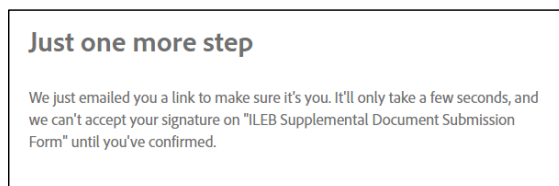
A black message box with a white checkbox on the left. The text reads: "By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Maximus-Digital." To the right of the text is a blue button labeled "Click to Sign", which is circled in red.

- k. Click in the email box and type your email address, then select "Click to sign"



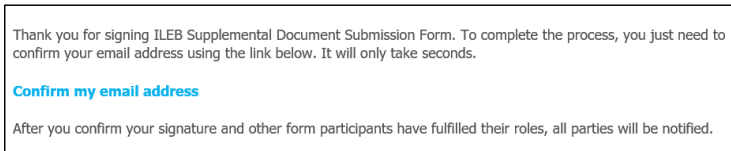
A dialog box titled "Enter Your Information" with a close button (X) in the top right. The text inside says: "Please enter your email and then click to sign this document." Below this is a text input field containing "youremail@gmail.com". At the bottom, there are two buttons: "Cancel" and "Click to sign". The "Click to sign" button is circled in red.

- l. The message below will appear

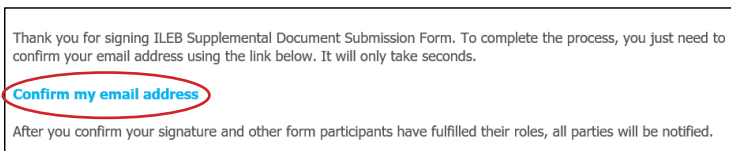


A message box with the heading "Just one more step". The text below reads: "We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "ILEB Supplemental Document Submission Form" until you've confirmed."

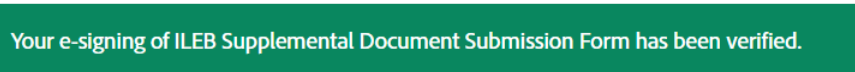
m. Check your email inbox for the email below



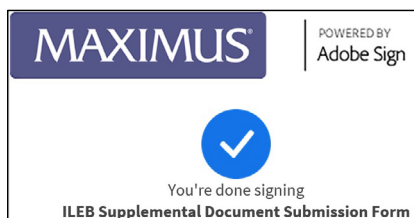
n. Click "Confirm my email address"



o. The message below will appear on the web page



p. We'll send an email letting you know we have your form



3. Send forms by **fax**

- a. Download, print, fill out, and sign the [Personal Representative Designation form](#)
- b. Fax your completed Personal Representative Designation form and any POA and Guardianship forms to 1-312-596-0249

Allow 3 business days for us to process your Personal Representative Designation form. If you send other documents with your form, we may need more time to review them.