

1. Overview

Per the HIPAA Privacy Rule, personal representatives have the same rights as an individual to access the individual's protected health information. The following chart explains who must be recognized as the personal representative.

If the Individual Is:	The Personal Representative Is:
An Adult or	A person with legal authority to make health care decisions
An Emancipated Minor	on behalf of the individual
	Examples:
	Health care power of attorney
	Court appointed legal guardian
	General power of attorney or durable power of attorney that
	includes the power to make health care decisions
An Unemancipated	A parent, guardian, or other person acting in loco parentis
Minor	with legal authority to make health care decisions on behalf
	of the minor child.
Deceased	A person with legal authority to act on behalf of the decedent
	or the estate (not restricted to persons with authority to
	make health care decisions)
	Examples:
	Executor or administrator of the estate
	Next of kin
	Other family member (if relevant law provides authority)

Arctrieval's software fully supports personal representatives as part of the request process. The information for the personal representative needs to be entered as part of the Client's record, so Arctrieval uses the correct information to generate the request. The steps below are an overview of the process of issuing a request from a personal representative:

- 1. Signing the Personal Representative Intake Form
- 2. Checking if the Personal Representative information is already part of the Client record.
- 3. Entering or updating the Client record to add Personal Representative details.
- 4. Uploading the Personal Representative's photo ID.
- 5. Uploading Relationship Documentation.



Failing to provide complete Personal Representative information when they make a request may delay your request or the healthcare provider may reject it.

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2. Personal Representative Intake Form

The Personal Representative Intake form is slightly different than the Client Intake form. When a Personal Representative requests information on someone else's behalf through Arctrieval, they should sign the Personal Representative Intake form. The form has space to identify the patient or individual whose records will be requested, the personal representative's name, today's date, and space for the personal representative to sign.

2.1. Physical Form

Completing a physical Personal Representative Intake form is done as follows:

- 1. Log into Arctrieval.
- 2. Click on Forms in the left-hand menu.
- 3. Click the Download button next to the Personal Representative Intake Form to store a copy of the form in English or Spanish on your local computer.
- 4. Print out a copy of the document.
- 5. Have the Personal Representative write the patient's name at the top, their name, and today's date in the corresponding spaces provided on the form.
- 6. Have the Personal Representative sign the Personal Representative Intake Form using a black ink pen.



The Personal Representative should sign clearly and as large as possible within the lines in the box. The signature must stay within the borders without touching any edges of the box. If the signature does not meet these conditions the signature extraction will fail. If the signature in Arctrieval does not look good, please have them sign another form.

2.2. Digital Signature Capture

Just like the process for a Client to sign the Arctrieval Intake form on their smartphone, the functionality is also available for a Personal Representative. Follow the process described in the Intake Forms Texting to a Client or Personal Representative. Be sure to send the text or email to a mobile device or email account that the Personal Representative can access.



3. Checking if Personal Representative was Setup.

Before issuing a request using a Personal Representative, you must ensure that the correct information was added to the Client's information in Arctrieval. The following steps will enable you to determine if the Personal Representative information was entered.

- 1. Click on Clients in the left-hand menu.
- 2. Click on the Client's name on the list to display their detailed information.
- 3. In the sub menu, click on Client Details.
- 4. If personal representative information was entered, you will see the "Parent, Legal Guardian Or Personal Representative Information" section as indicated below with additional fields as indicated in the image.

\equiv Arctrieval [®] Smith,	Gallagher & Spencer LLP				SIGN OUT	⑦HELP
♠ Dashboard				CLOSE	IVITY EDIT CLIENT SEND N	EW REQUEST
Clients	Cindy Charming					
Record Requests	Phone:	(480) 555-2222				
Contacts	Physical Address:	234 West Main Street, Disneyland, AR	85555			
Reports	Email Address:	prince@m-c-unlimited.com				
Forms	Record Requests Con	tacts Client Details	History	Documents & Files		
Settings	Aliases:	Mr. Wonderful		Patiant's Photo ID:		
My Profile	Date Of Birth:	01/01/1980		Fatient's Floto ID.		
	Last 4 Of SSN:	8590		Arctrieval Intake Form:	ADD DOCUMENT DELETE	
	Language Preference:	English			Cinaderella Tagunina	
	Last Updated:	12/06/2024		Digital Signature:		
	Linked To The Data In Filevine:	Yes				
	Parent, Legal Guardian Or Personal Is the client a minor, have a legal First Name: Last Name: Relationship To Client: Relationship Documentation: Representative's Photo ID:	Representative Information Quardian or personal representative? Cinderella Charming Parent AZ Birth Certificate Minor Child, pdf ADD DOCUMENT DELE Cinderella Termaine DL.pdf ADD DOCUMENT DELE	Yes			
© 2024 Arctrieval All Rights Reserved.		ADD DOCUMENT				

If you do not see the "Parent, Legal Guardian Or Personal Representative Information" section, add the personal representative information described in the next part of this document.

Personal Representative Information and Client Setup



4. Adding Personal Representative Information

Follow these steps to add information about a Personal Representative:

> Enable the personal representative functionality when adding or editing Client information by selecting yes to the question, "Is the client a minor, have a legal guardian or personal representative?"

> > Choosing yes activates the additional fields for the personal representative.

Last Name: *			Mobile: (###) ###-####	
			Fax:	
Date Of Birth: *			(###) ###-####	
Last 4 Of SSN:				
####			Aliases:	
Language Preference: *				
English		-	Reference:	
Filysical Address	Maining Address	Person	al Representative	
Is The Client A Minor, Ha	ave A Legal Guardian Or P	Person Personal Rep	resentative? * Yes	
Is The Client A Minor, Ha	ave A Legal Guardian Or P	Personal Rep	resentative? * Yes Phone: (###) ###-####	
First Name: *	ave A Legal Guardian Or P	Personal Rep	Il Representative	
First Name: *	ave A Legal Guardian Or P	Personal Rep	I Representative	

2. Enter the following required information for the Personal Representative: First Name, Last Name and Relationship To Client.

The Relationship to Client has the following options:

- a. Parent
- b. Legal Guardian
- c. Medical Power of Attorney
- d. Next of Kin
- e. Other

If the listed options do not describe the relationship, select the other option and explain the relationship. Common relationships include Executor of Will, Executor of Estate, and Trustee.

Last Name: * Charming			Mobile: (###) ###-####
Date Of Birth: * 1/1/1980			Fax: (###) ###-####
Last 4 Of SSN: 8590			Aliases: Mr. Wonderful
Language Preference: * English		~	Reference:
Physical Address	Mailing Address	Person	al Representative
Is The Client A Minor, Ha	ave A Legal Guardian Or F	Personal Re	presentative? * Yes -
Is The Client A Minor, Ha First Name: * Cinderella	ave A Legal Guardian Or F	Personal Re	oresentative? * Yes - Phone: (###) ###-#####
Is The Client A Minor, Hi First Name: * Cinderella 4 Last Name: * Charming 4	ave A Legal Guardian Or F	Personal Re	Prone: (###) ###-#### Mobile: (###) ###-####
Is The Client A Minor, Ha First Name: * Cinderella 4 Last Name: * Charming 4 Relationship To Client: * Parent	ave A Legal Guardian Or F	Personal Re	Phone: (###) ###-#### Mobile: (###) ###-####



5. Adding Personal Representative Documentation

After the Personal Representative information is entered for the Client, additional documentation may be required to demonstrate the relationship between the personal representative and the individual. As a best practice, include as much documentation as possible to eliminate any questions or issues regarding the personal representative's authority to request the individual's protected health information.

See the table below, which lists standard documents demonstrating a personal representative relationship to the patient.

Relationship to Patient/Client	Supporting Documents Needed
Parent	Birth Certificate—especially if parent and child have different family names.
	Custody Agreement—if parents are not married.
	Marriage Licenses—if parent remarried and the parent's last name does not match the name on the birth certificate.
Legal Guardian	Guardianship affidavit, legal papers, or court order.
Healthcare Decision Maker	Healthcare Power of Attorney—Not the same as a regular power of attorney for business matters
Next of Kin	Death certificate indicating the next of kin.
Executor of a Will or an Estate	Will, probate documents, or other court documents.



The husband, wife, or partner of an adult does not automatically qualify the husband, wife, or partner to act the personal representative for an individual under the HIPAA Privacy Rule. The individual must specifically authorize their husband, wife, or partner to act as their personal representative. The authorization is usually done through a Medical Power of Attorney.

Personal Representative Information and Client Setup



The image will be used as a reference to explain the different areas to add documentation about the Client and their Personal Representative.

≡ Arctrieval Smith,	Gallagher & Spencer LLP				SI	GN OUT ⑦HELP
♠ Dashboard				CLOSE	ACTIVITY EDIT CLIENT	SEND NEW REQUEST
Clients	Cindy Charming					
Record Requests	Phone:	(480) 555-2222				
Contacts	Physical Address:	234 West Main Street, Disneyland, A	R 85555			
Reports	Email Address:	prince@m-c-unlimited.com				
Forms	Record Requests Co	ntacts Client Details	History	Documents & Files		
Settings	Aliases:	Ms. Princess Wonderful		Patient's Photo ID:	ADD DOCUMENT	
My Profile	Date Of Birth:	01/01/1980				
🛕 Invalid Data	Last 4 Of SSN:	8590		2 Arctrieval Intake Form:	ADD DOCUMENT	
Crowdsourced Updates	Language Preference:	English				
	Last Updated:	12/07/2024				
ŝ	Linked To The Data In Filevine:	Yes				
	Parent, Legal Guardian Or Persons Is the client a minor, have a lega First Name: Last Name: Relationship To Client: Relationship Documentation: Representative's Photo ID:	I Representative Information guardian or personal representative? Cinderella Charming Parent ADD DOCUMENT ADD DOCUMENT	Yes			
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5.1. Patient's Photo ID

Even when the personal representative requests information, include a copy of the patient's government-issued photo ID. It will assist the provider or their staff in locating the information

about the patient and help reduce delays in processing the request. The Add Document button (next to the number 1 in the image) next to the Patient's Photo ID displays the Upload Patient's Photo ID dialog box.

Upload Patient's Photo ID	×	
Choose a File Select document in PDF, PNG, JPG, JPEG or HEIC file format to upload. Note: To avoid processing issues and for all features to work correctly, al portrait orientation.	II pages in the uploaded document must be in	
	CANCEL ADD DOCUMENT	



As a best practice, upload the photo ID and any other supporting documentation as at PDF file with a letter-size pages that is 8.5 inches wide and 11 inches tall. Properly sized PDF files will reduce facsimile transmission error. More information is available in the Working with Documents and Photo IDs Best Practices guide.



5.2. Arctrieval Intake Form

If the Personal Representative signs a physical Arctrieval Intake Form, you must scan it into a PDF file using a scanner and software package that supports the PDF output file format and save

it to a convenient location on your computer. After saving the PDF file, click the Add Document button next to the Arctrieval Intake Form label (next to the number 2 in the image) to display the Upload Arctrieval Intake Form dialog box.

Upload Arctrieval Intake Form	×
Choose a File	
The uploaded document must meet the following conditions: 1. The PDF file must contain only one page. 2. The PDF file must be smaller then 1 MB. 3. The client or their personal representative must sign the Arctrieval Intake Forr 4. Only upload the Arctrieval Intake Form. DO NOT upload a HIPAA authorization 5. Check the Digital Signature after you upload the intake form to ensure it is cor	n. form or any other document. rect.
	CANCEL ADD DOCUMENT

5.3. Relationship Documentation

Supporting documents clearly showing the relationship between the Personal Representative and the individual are critical to establishing the Personal Representative's authority to request protected health information. Providers and release-of-information companies will reject the request immediately.

To add the support documents, click the Add Document button next to the Relationship Documentation label (next to number 3 in the image to display the Upload Representative Relationship Document dialog box.

Upload Representative Relationship D	ocument	×
Choose a File Select document in PDF format to upload. Note: To avoid processing issues and for all features to work or portrait orientation.	orrectly, all pages in the uploaded documer	nt must be in
	CANCEL	ADD DOCUMENT

Personal Representative Information and Client Setup



5.4. Personal Representative Photo ID

Wherever possible, include a copy of the Personal Representative's government-issued photo ID. It will assist the provider or their staff in verifying the Personal Representative's identity and authority to request records on behalf of the



patient and reduce delays. The Add Document button (next to the number 4 in the image) next to the Representative's Photo ID displays the Upload Representative's Photo ID dialog box.



As a best practice, upload the photo ID and any other supporting documentation as at PDF file with a letter-size pages that is 8.5 inches wide and 11 inches tall. Properly sized PDF files will reduce facsimile transmission error. More information is available in the Working with Documents and Photo IDs Best Practices guide.

5.5. Fully Completed Personal Representative Information

Once all documents are uploaded, the Client Detail page document fields will have values as shown in the image.

≡ Arctrieval Smith,	Gallagher & Spencer LLP			SIGN OUT ⑦HELP
♠ Dashboard			CLOSE	ACTIVITY EDIT CLIENT SEND NEW REQUEST
Clients	Cindy Charming			
Record Requests	Phone:	(480) 555-2222		
Contacts	Physical Address:	234 West Main Street, Disneyland, AR 85555		
E Reports	Email Address:	prince@m-c-unlimited.com		
Forms	Record Requests Cont	acts Client Details History	Documents & Files	
Settings	Aliases:	Ms. Princess Wonderful		Cindy Charming.jpg
🕒 My Profile	Date Of Birth:	01/01/1980	Patient's Photo ID:	ADD DOCUMENT DELETE
🛕 Invalid Data	Last 4 Of SSN:	8590	Aratriaval Inteka Form	Cinderella Termaine Intake Form.pdf
Crowdsourced Updates	Language Preference:	English	Arctieval intake Politi.	ADD DOCUMENT DELETE
	Last Updated:	12/07/2024	Digital Signatura:	Cinderella Termaine
	Linked To The Data In Filevine:	Yes	bigital bigitatale.	ADD DOCUMENT DELETE
	Parent, Legal Guardian Or Personal I Is the client a minor, have a legal g First Name: Last Name: Relationship To Client: Relationship Documentation: Representative's Photo ID:	Representative Information puardian or personal representative? Yes Cinderella Charming Parent AZ Birth Certificate Minor Child.pdf ADD DOCUMENT Cinderella Termaine.jpg ADD DOCUMENT DELETE		
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6. Changes to the Individual Right of Access Request

Once the Personal Representative is set up and used by Arctrieval, the language in the Individual Right of Access Request changes as shown below. Instead of the individual requesting their information, it is done by the personal representative.

Date: 12/08/2024

RE: Individual's Right of Access Request to Protected Health Information

Dear Custodian of Records:

My name is Cinderella Charming and I have the following relationship to Cindy Charming: Parent. I am their personal representative as defined by HIPAA and HITECH. Cindy Charming, is also known as or used the following aliases or names: Ms. Princess Wonderful, has a date of birth of 01/01/1980, 8590 are the last four digits of their SSN, has a current address of 234 West Main Street, Disneyland, AR 85555 and received health care or related services from Magic Kingdom Medical Center, 345.5 Main Street, Suite 115, Disneyland, CA 90203.

As the personal representative for Cindy Charming, I hereby request access to an electronic copy of their protected health information for the period starting on 01/01/2023 and ending on 12/08/2024 as follows:

The key element is Cinderella Charming declares themselves the personal representative for Cindy Charming, describes the nature of the relationship, and, as the personal representative, requests access to the protected health information.

Cinderella's Charming's photo ID helps to establish her identity, and the birth certificate establishes the relationship and authority to request the information.