



REPRESENTATION REGARDING LEGAL RESPONSIBILITY FOR A MINOR CHILD

In order to protect the privacy of medical information and to better assure that we take direction from the appropriate person, Johns Hopkins HealthCare LLC on behalf of Priority Partners Managed Care Organization, Employer Health Programs, and/or Johns Hopkins Uniformed Services Family Health Plan asks that this form be completed and returned to us.

For: _____, a minor child.
(print name of child)

Member's
Address: _____
(street address)

(city) (state) (zip code)

Member ID
Number: _____ Birth Date: _____ Member's Phone #: _____

I represent that I am the (check one):

- Parent - adoptive or biological (who has not lost parental rights)
- Custodial step-parent
- Legal Guardian
- Registered kinship care relative

for the child identified above, with the right to make health care information related decisions about him/her.

(If you are the legal guardian, you must provide a photocopy of the court order. If you are the registered kinship care relative, you must provide a photocopy of the affidavit that you have filed with the Maryland Department of Human Resources, Social Services Administration.)

Once you have completed this form please return by either mail or fax to the Johns Hopkins HealthCare LLC Corporate Compliance Department at the contact information listed below.

Johns Hopkins HealthCare LLC
Corporate Compliance Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Phone: 410 424 4996
Fax: 410 762 1527

(print your name)

(valid phone number)

(sign your name)

_____, 20____
(date)