

**WEINSTEIN IMAGING ASSOCIATES, P.C.**  
**Personal Representative Form**

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

Your privacy is important to Weinstein Imaging Associates. Please read this form carefully and fill it out completely. If you wish to appoint a Personal Representative (ie *spouse, family member, friend, etc*) to act on your behalf in discussing your imaging results, pathology results, and/or insurance, billing and claims information, fill in Section One. If you do NOT want a personal representative, fill in Section Two. Sign and date the bottom of this form when finished.

Please know that with regard to your imaging and/or pathology results, we will make every attempt to contact you first.

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**SECTION ONE**

Name of personal representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

You are giving us permission to speak to this representative about any of the following; put your **INITIALS** in the space next to **each one** that you choose:

Imaging study results \_\_\_\_\_ Pathology results \_\_\_\_\_

Appointment information \_\_\_\_\_ Insurance/billing and/or claims \_\_\_\_\_

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**SECTION TWO**

**OR**, if you do NOT want us to speak to a personal representative on your behalf in any of the above instances, please put a check in the box below:

**You may only speak to me in person or on the phone regarding any of my results, appointment information, and insurance/billing/claims.**

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_