



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 Health Plans 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
- Informal 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 informal 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 Health Plans Corporate Compliance Department at the contact information listed below.

Johns Hopkins Health Plans
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)