



Appointment of Representative Form

Part 1: Appointment of Representative

I, _____ designate _____
(Print Name of Patient) (Print Name of Representative)
to represent me in filing a grievance related to my dialysis or kidney transplant care.

I understand that by signing this form, I give permission for personal medical information related to my grievance to be disclosed to my representative.

I understand that once I designate this person as my representative, he or she will act on my behalf with regard to my grievance.

I understand that I can withdraw this appointment at any time.

Signed:

_____ Date: _____
(Signature of Patient)

(Print Name of Patient)

Section 2: Acceptance of Appointment (To be completed by the Representative):

I accept the above appointment.

_____ Date: _____
(Signature of Representative)

(Print Name of Representative)

(Relationship of Representative to Patient. For example: Family member, friend, social worker.)

Return form to:

Quality Insights Renal Network 5
P.O. Box 29274
Henrico, VA 23242
Fax: 804-320-5918