



**Dermatology and Acne
Treatment Center**

Wexford Office
Pine Center, Suite 108
11279 Perry Highway
Wexford, PA 15090
Ph: 724-933-9190
Fx: 724-933-9194

South Fayette Office
Children's South
205 Millers Run Road, 3rd Floor
Bridgeville, PA 15017
Ph: 724-933-9190
Fx: 724-933-9194

Monroeville Office
Children's East
Building 1, Suite 110
4055 Monroeville Boulevard
Monroeville, PA 15146
Ph: 724-933-9190
Fx: 724-933-9194

www.chp.edu/CHP/dermatology

Robin P. Gehris, MD
Douglas W. Kress, MD
Alana Dowiak, PA-C
Courtney Geiger, PA-C
Jaime Keenan, PA-C
Amy Lowe, PA-C
Lauren Mytrysak, PA-C
Valerie O'Connell, PA-C

Re: Personal Designation Form

Dear Patient (18 years or older):

Thank you for choosing or continuing your care with Children's Dermatology Services. Due to the federal HIPPA standards, in order for you parent/guardian to have access to your medical records at our office, and to schedule future appointments for you, we are required to have on file the completed attached Personal Representative Designation Form. Please complete this form and mail it to our office or bring it with you at your next appointment.

Thank you,

Douglas Kress, MD

Robin Gehris, MD

Personal Representative Designation Form

This personal representative designation applies to the following UPMC entity/locations:

List all applicable entities:

Children's Dermatology Services and Acne Treatment Center

REQUIRED INFORMATION:

Patient's Name:	Patient's Date of Birth:	Patient's Phone:
Patient's Address:		
Name of Patient's Personal Representative:		Personal Representative Phone:
Personal Representative Address:		Personal Representative Fax:
Any limitations on issues your personal representative may discuss? If yes, please specify:		Yes ____ No ____
Expiration date for this designation (unless/until you specify in writing the expiration, this form will remain in effect until the patient no longer receives services at UPMC).		

REQUIRED SIGNATURES:

Personal Representative Signature: _____ Date: _____

Patient Signature: _____ Date: _____

Please return this completed form by mail to: Children's Dermatology Services and Acne Treatment Center

Pine Center, Suite 108
11279 Perry Highway

Wexford, PA 15090

or by fax to: 724-933-9194

