



## 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):

- Custodial parent/Adoptive parent (who has not lost parental rights)
- Court appointed legal guardian
- Informal kinship care relative

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

(If you are the court appointed 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 HealthCare LLC Corporate Compliance Department at the contact information listed below.

Johns Hopkins HealthCare LLC  
Corporate Compliance Department  
6704 Curtis Court  
Glen Burnie, MD 21060  
Phone/Fax #: 410 424 4996

\_\_\_\_\_  
(print your name)

\_\_\_\_\_  
(valid phone number)

\_\_\_\_\_  
(sign your name)

\_\_\_\_\_, 20\_\_\_\_  
(date)