Patient Portal Proxy Authorization

Please complete this form if you are a patient at least 13 years of age and want to request proxy access to your Patient Portal account and grant access to an adult with legal rights to your private health information. Also complete this form if you are a legal guardian or have a durable power of attorney for healthcare of an adolescent or adult patient and you are requesting proxy access on behalf of that patient. I understand that the health information available online through the Patient Portal is not an official or complete copy of my entire medical record. I understand to request a copy of the official medical record and that there may be search, handling and photocopying fees associated with obtaining an official copy of medical records.

You will be required to provide documentation to show you have legal rights to request this proxy access. The patient portal contains limited medical information.

Patient Information (Please Print): Last Name: _____ First Name: _____

Date of Birth _____ Email address: _____

Proxy Information (Please Print): (Person you are granting permission to access your patient portal account)

Last Name: _____ First Name: _____ Date of Birth: _____

Email address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Relationship to Patient: Mother Father Legal Guardian Other _____

Is there a court or restraining order that limits your access to this patient's health information? Yes No

Purpose for Access: Legal Guardian Power of Attorney Continuity of Care

I understand that the information to be released may include information relating to the diagnosis and/ or treatment of mental illness, alcohol/drug abuse, sexually transmitted infections including HIV or AIDS, test results, and developmental disabilities.

_____ _____

Patient Signature Today's Date

_____ _____

Representative Signature Today's Date