Hammond-Henry HOSPITAL

My Chart Patient Portal Proxy Access Request and Authorization

Patient Information:

Patient Name: _____ _____
Last First M.I. Date of Birth

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

Patient/Parent: By signing below, I acknowledge and agree that I will comply with the terms and conditions on the Patient Portal Terms and Conditions page and this document.

X _____ _____ _____
Patient, Parent or Legal Guardian Signature (required) Relationship to Patient (required) Date

Proxy Information: (Person to whom you authorize Hammond-Henry Hospital to release the Patient Portal record)

Proxy Name: _____ _____
Last First M.I. Date of Birth

Address: _____ (_____)_____
Street Address City State Zip Code Phone Number

Email Address: _____

Does the proxy have any active Patient Portal account? ❑ Yes ❑ No

Has the proxy ever been a patient at Hammond-Henry Hospital? ❑ Yes ❑ No

**** Please check one of the boxes below that best describes the proxy access requested. ****

Adult Patient	Minor Patient
Access to another adult's Patient Portal record. (Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.) **Select one:** ❑ **Adult-capable Adult Patient:** • The patient should sign this form to provide authorization for release of their medical information. • Authorization for proxy access is valid until revoked by patient. ❑ **Legal Guardian of Adult Patient**: (Adults who have a surrogate relationship with another adult through a legal arrangement.) *Select the option below that best describes the guardianship:* ❑ Legal Guardian (court order) ❑ Power of Attorney for Health Care ❑ Other: _____ • If you are the legal guardian or you have a durable power of attorney for healthcare for this patient, then this request must be accompanied by a copy of the legal paperwork verifying your authority to have access the to the patient's medical information. • You must notify Hammond-Henry Hospital immediately in case of any change in authority.	**Access to your minor child's Patient Portal record.** • Individuals requesting access must have parental rights or legal guardianship rights. **My Relationship to the child is:** ❑ Parent ❑ Permanent Legal Guardian of the Patient – Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient. **Select one:** ❑ **Adult-Child Age 0-12 Patient:** You will be granted full access to your child's record until the child turns 13 years old. ❑ **Adult-Child Age 13-17 Patient:** (Access to your teenage child's Patient Portal record.) • Hammond-Henry Hospital requires patients ages 13-17 to specifically indicate whether they permit their parent(s) or guardian(s) to have access to the portions of the patient's medical information specially protected under state laws. This includes reproductive, STD, mental health, and substance abuse information, by signing a separate agreement form. • When the patient becomes 18 years old, parent access will be turned off.

Proxy: By signing below, I acknowledge that:

- I will be using my own Patient Portal account to access the patient's Patient Portal account.
- I will comply with the terms and conditions on the Patient Portal Terms and Conditions.
- The patient can revoke my access to his/her Patient Portal account at any time.

X _____ _____ _____
Proxy Signature (required) Relationship to Patient (required) Date