

PATIENT PORTAL & PROXY ACCESS REQUEST AND AUTHORIZATION FORM

<u>Designating a Proxy</u>. Proxy access gives someone that you name the ability to view your medical record information via the Hospital Patient Portal. You may cancel your Proxy's access at any time by sending written notification with a signature to the Health Information Management Department at Augusta Health, or by completing the Proxy Revocation form found in the Forms section of the Patient Portal home page.

	PATIENT INF	OK/M	AIION				
PATIENT NAME: LAST, FIRST, MIDDLE INITIAL		SEX:	DATE OF BIRTH		LAST 4 NUMBERS OF SSN:		
STREET ADDRESS:		CITY:		STATE:	ZIP:		
OME PHONE: WORK PHONE:				MOBILE:			
MAIL ADDRESS:							
	PROXY INF	ORMA	ATION				
***Please complete t Please note that for all types of proxy			-	-	-		
ADULT PATIENT Access to another adult's Hospital Patient Portal record. (Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)			MINOR PATIENT Access to your minor child's Hospital Patient Portal record. Individuals requesting access must have parental rights or legal guardianship right.				
Relationship of Proxy to Adult Patient is:			My relationship to the Child is:				
 Other Adult The patient must sign this form to for release of their medical inform above proxies via the Hospital Pat Authorization for proxy access is a patient. 	nation to any of the cient Portal.	to t L cop Gua	☐ Parent – Is there a court order in effect limiting your access to the minor's medical records and information? ☐ Yes ☐ No ☐ Permanent Legal Guardian of the Minor – You 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.				
☐ Legal Representative of Adult Patient: (Adults who have a surrogate relationship with another adult through a legal arrangement). Select the option below that best describes this Representative relationship:			Select one: Child (age 0-13 Patient): You will be granted access to your child's record until the child turns 14 years old.				
 □ Power of Attorney for Health Care (with current authority) □ Legal Guardian (court order) • If you are the legal guardian or you have current authority under 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 to the 		ava me Info	Child (age 14-17 Patient): Due to legal limitations, access to medical records via the portal is not currently available for children ages 14-17. Requests for access to these medical records may be made in person at the Health Information Management (aka Medical Records) Department of Augusta Health.				
patient's medical information.You must notify Augusta Health immediately in case of any change in authority.			Please Note – Proxy access to your 0-13 year old minor's Patient Portal may take 3-5 days.				
☐ Other (specify)							

☐ Yes ☐ No

Has the proxy ever been a patient at Augusta Health?



Hugusta.							
HEALTH		٨	Medical Rec	ord #:		(completed by Augusta Health)	
Provide proxy infor	mation below:						
PROXY NAME: LAST, FIRST, M	IDDLE INITIAL		SEX:	SEX: DATE OF BIRTH		LAST 4 NUMBERS OF SSN:	
STREET ADDRESS:			CITY:		STATE:	ZIP:	
OME PHONE: WORK PHONE:		WORK PHONE:			MOBILE:		
EMAIL ADDRESS:							
		PATIENT A	UTHORI	ZATION			
PATIENT:							
 I understand that information, is acc I will comply with I choose to design information. I au medical informati Participation in H Hospital Patient P of my health care provide authoriza I understand that access by submitt Fishersville, VA 2: 	curate and complete. the terms and conditions hate the person named ab- hithorize release of any in on in Hospital Patient Por ospital Patient Portal and ortal proxy and I am not te treatment, payment or tion, Augusta Health may if I no longer want the p cing a completed Proxy Re 2939.	of the Hospital Patien ove as a proxy to my offormation contained tall is obtained from my designating a proxy required to provide the other services on whe decline to provide accoroxy to have access to	tion set for t Portal, as Hospital Pa in my Hosp y electronic is complet his authoriza ether I prov cess to my Hospi	th above, including posted at www.actient Portal, then bital Patient Portal medical record, ely voluntary. I lation. I also undride this authorized patient Patient Portal h, Attn: Health In	augustahealtheby allowing last omy des but is not my understand that a testion. Howe ortal to my derivation of the conformation of the conformatio	him/her access to my protected health signated proxy. I understand that the y complete medical record. that I am not required to designate a Augusta Health does not condition any ever, I also understand that if I do not	
Signa	ture of Patient*			Date/Time	•		
If this document is undersigned agrees: The Hospital Patie Subject to August any time. I have read, und www.augustahea If I am signing this the patient and to	ent Portal contains medica a Health's policies and pro- derstand and agree to a lth.com s document on behalf of to access and grant access	identified above or al information, but is no ocedures, in most case all Terms and Condit the patient, I represent to information about	ot the compes, the patient and warrathe patient	representative plete patient med nt can revoke th ng to the Augu ant that I am full on the Patient P	on behalf or dical record. e proxy's acces sta Health H y authorized ortal, and I ag	f the patient identified above, the ess to his/her Hospital Patient Portal at Hospital Patient Portal, as posted at to execute this document on behalf of gree that I will notify Augusta Health in mple, if I am no longer the guardian of	
♦Signa	nture of Patient Represen	tative*		Date/Tim	 le		

*The Patient Representative is the patient's decision maker with current authority. It can be the parent if the patient is a minor, a legal guardian, health care power of attorney, or other person with current legal and representative authority.

Completed form to be sent to Health Information Management (Medical Records) Department. Completed form will be scanned to patient's Medical Record.

Questions? Call: 540.943.6924

Rev April 17, 2015 Page 2 of 2