



PATIENT PORTAL & PROXY ACCESS REQUEST AND AUTHORIZATION FORM

Designating a Proxy. 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 INFORMATION

PATIENT NAME: LAST, FIRST, MIDDLE INITIAL		SEX:	DATE OF BIRTH	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:		MOBILE:	
EMAIL ADDRESS:				

PROXY INFORMATION

*****Please complete the box below that best describes the proxy access requested*****

Please note that for all types of proxy access, the patient's chart will be accessed through the proxy's Patient Portal account.

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.)

Relationship of Proxy to Adult Patient is:

☐ **Other Adult**

- The patient must sign this form to provide authorization for release of their medical information to any of the above proxies via the Hospital Patient Portal.
- Authorization for proxy access is valid until revoked by 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:**

- ☐ 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 patient's medical information.
- You must notify Augusta Health immediately in case of any change in authority.

☐ Other (specify) _____

MINOR PATIENT

Access to your minor child's Hospital Patient Portal record.

- Individuals requesting access must have parental rights or legal guardianship right.

My relationship to the Child is:

☐ 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.

Select one:

_____ **Child (age 0-13 Patient):** You will be granted access to your child's record until the child turns 14 years old.

_____ **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.

Please Note – Proxy access to your 0-13 year old minor's Patient Portal may take 3-5 days.

Does the proxy have an active MyAugusta Chart Hospital Portal? ☐ Yes ☐ No

Has the proxy ever been a patient at Augusta Health? ☐ Yes ☐ No

