



Patient Portal Proxy Access Request and Authorization Form

1. Patient Information:

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

Address: _____ Patient ID: _____
Street Address City, State Zip Code (Optional)

2. Person Proxy Information (Person to whom you authorize access to your *patient portal* record)

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

Address: _____ Phone Number: _____
Street Address City, State Zip Code

Email Address: _____

Relationship to Patient : _____

3. Please check one of the boxes 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.)

<u>Adult Patient</u>	<u>Minor Patient</u>
<p>Access to another adult's patient portal record. (Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)</p> <p>Select One:</p> <p><input type="checkbox"/> Capable Adult Patient:</p> <ul style="list-style-type: none">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: <input type="checkbox"/> Full Access <input type="checkbox"/> Read Only <p><input type="checkbox"/> Legal Guardian of Adult Patient: (Adults who have a surrogate relationship with another adult through a legal arrangement.)</p> <p>Select the option below that best describes the Legal Guardianship:</p> <p><input type="checkbox"/> Legal Guardian (Court Order) <input type="checkbox"/> Power of Attorney for Health Care Other _____</p> <ul style="list-style-type: none">If you are the Legal Guardian or you have a durable power of attorney of healthcare for this patient, then this request <u>must</u> be accompanied by a copy of the legal paper work verifying your authority to have access to the patient's medical information.You must notify our healthcare entity immediately in case of any change in authority	<p>Access to your minor child's patient portal record.</p> <ul style="list-style-type: none">Individuals requesting access must have parental rights or Legal Guardianship rights. <p>My Relationship to the Child is:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Permanent Legal Guardian of the Patient – Must attach a copy of the Court Order Appointing Legal Guardian and Letters of Legal Guardianship verifying the Proxy's status as permanent Legal Guardian of the patient.</p> <p>Select One:</p> <p><input type="checkbox"/> Child Patient (Age 0-12): You will be granted full access to your child's record until the child turns 13 years old.</p> <p><input type="checkbox"/> Child Patient (13-17): (Access to your teenage child's patient portal record).</p> <ul style="list-style-type: none">Iowa Heart Center requires patient ages 13-17 to specifically indicate whether they permit their Parent(s) or Legal Guardian(s) to have access to the portions of the patient's medical information specifically protected under state laws by reading and signing this authorization. Protected information includes treatment relating to reproductive, STD, mental health and substance abuse.When the patient becomes 18 years old, Parent/Legal Guardian access will be turned off.

Authorization:

- By signing this proxy request, I understand that I am giving permission for this entity to disclose my protected health information (PHI) through my patient portal to my proxy. Information includes, but is not limited: health summary, current problem list, current medications, lab results, appointment information.

Patient Signature: _____