

Patient Portal Proxy Access Request and Authorization Form



Designating a Proxy. Patient Portal 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 completing the *Patient Portal Proxy Revocation Form* found in the Patient & Visitor Information section of the Lawrence Hospital website.

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)
- Healthcare Proxy
- 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 Lawrence Hospital 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 0-12 Patient):** You will be granted access to your child's record until the child turns 13 years old. A child younger than 13 years old cannot have a personal Patient Portal account.
- _____ **Child (age 13-17 Patient):** Due to legal limitations, the patient (age 13-17) must register for the portal on the website using their own email; Minors may share with parent or guardian through the "share" feature of the portal or by completing this form if unable to complete online.

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 Lawrence Hospital Patient Portal Account? Yes No
Has the proxy ever been a patient at Lawrence Hospital? Yes No

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Medical Record #: _____ (completed by Lawrence Hospital)

Provide proxy information below:

PROXY 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:	RELATIONSHIP TO PATIENT:			

PATIENT AUTHORIZATION

PATIENT:

I understand and agree that:

- I choose to designate the person named above as a proxy to my Patient Portal, thereby allowing him/her access to my protected health information. I authorize release of any information contained in my Patient Portal to my designated proxy. I understand that the medical information in the Patient Portal is obtained from my electronic medical record, but is not my complete medical record, which requires a distinct release of information authorization to obtain.
- Subject to Lawrence Hospital policies and procedures and the Terms and Conditions, for adult patients, the proxy's access will remain in effect unless and until Lawrence Hospital receives a completed form for termination of proxy access.
- I understand that I am responsible for ensuring that the information set forth above, including, without limitation, the email address and other information, is accurate and complete.
- I will comply with the terms and conditions of the Patient Portal, as posted at www.mhlawrencehospital.org.
- Participation in Patient Portal and designating a proxy is completely voluntary. I understand that I am not required to designate a Patient Portal proxy and I am not required to provide this authorization. I also understand that Lawrence Hospital does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Lawrence Hospital may decline to provide access to my Patient Portal to my designated proxy.
- I understand that if I no longer want the proxy to have access to my Patient Portal, I may request that Lawrence Hospital revoke his/her access by submitting a completed *Proxy Revocation Form* to the Lawrence Hospital, Attn: Health Information Management, 1 General Street, Lawrence, MA 01842.

_____ **Date:** _____ **Time:** _____
Signature of Patient*

_____ **Date:** _____ **Time:** _____
Signature of Witness

****Signature of patient is not required when patient is under the age of fourteen (14) or proxy has legal authority.***

If this document is executed by the proxy identified above or another representative on behalf of the patient identified above, the undersigned agrees:

- The Patient Portal contains medical information, but is not the complete patient medical record.
- Subject to Lawrence Hospital's policies and procedures, in most cases, the patient can revoke the proxy's access to his/her Patient Portal at any time.
- I have read, understand and agree to all Terms and Conditions relating to the Lawrence Hospital Patient Portal, as posted at www.mhlawrencehospital.org.
- If I am signing this document on behalf of the patient, I represent and warrant that I am fully authorized to execute this document on behalf of the patient and to access and grant access to information about the patient on the Patient Portal, and I agree that I will notify Lawrence Hospital in writing immediately if my relationship or the relationship of the proxy with the patient changes (for example, if I am no longer the guardian of the patient).

_____ **Date:** _____ **Time:** _____
Signature of Patient Representative*

****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, healthcare proxy 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: 978-683-4000 ext. 2046**