



# My RCH Patient Health Portal Record & Proxy Access Request and Authorization Form

## 1. Patient Information:

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I

**Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Email 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

## 2. Proxy Information: (Person to whom you authorize RCH to release the Patient Portal record)

**Proxy Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I.

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
Street Address City, State Zip Code Phone Number

**E-mail Address:** \_\_\_\_\_

**Does the proxy have an active Patient Portal account?** Yes No **Has the proxy ever been a patient at RCH?** Yes No  
**\*\*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><b>Access to another adult's Patient Portal record.</b>  <i>(Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)</i></p> <p><b>Select one:</b></p> <p><input type="checkbox"/> <b>Adult-capable Adult Patient:</b></p> <ul style="list-style-type: none"> <li>• The patient should sign this form to provide authorization for release of their medical information.</li> <li>• Authorization for proxy access is valid until revoked by patient.</li> </ul> <p><input type="checkbox"/> <b>Legal Guardian of Adult Patient:</b> (Adults who have a surrogate relationship with another adult through a legal arrangement.)</p> <p><b>Select the option below that best describes the guardianship:</b> <input type="checkbox"/> Legal Guardian (court order) <input type="checkbox"/> Power of Attorney for Health Care <input type="checkbox"/> Other _____</p> <ul style="list-style-type: none"> <li>• If you are the legal guardian or you have a durable power of attorney for healthcare for this patient, then this request <u>must</u> be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information.</li> <li>• You must notify RCH immediately in case of any change in authority.</li> </ul>	<p><b>Access to your minor child's Patient Portal record.</b></p> <ul style="list-style-type: none"> <li>• Individuals requesting access must have parental rights or legal guardianship rights.</li> </ul> <p><b>My Relationship to the Child is:</b></p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> 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.</p> <p><b>Select one:</b></p> <p><input type="checkbox"/> <b>Adult-Child Age 0-12 Patient:</b> You will be granted full access to your child's record until the child turns 13 years old.</p> <p><input type="checkbox"/> <b>Adult-Child Age 13-17 Patient:</b> (Access to your teenage child's Patient Portal record).</p> <ul style="list-style-type: none"> <li>• RCH 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.</li> <li>• When the patient becomes 18 years old, parent access will be turned off.</li> </ul>

**Proxy:** By signing below, I acknowledge and agree 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