



PATIENT PORTAL PROXY ACCESS REQUEST, AUTHORIZATION AND ACCEPTANCE

What is this Form?

If you are an adult patient (18 years or older) of a Primary Care Partners Provider, you can use this form to request and authorize “Proxy Access” to allow an adult family member or other person involved in your medical care to access, view and manage certain information in your medical record through your Patient Portal called “myPCPportal.com”. You can authorize more than one person to have access to your Patient Portal, but you must complete a separate form for each request.

Who Can I Pick to Access My Patient Portal?

You can pick any adult person who is involved in your medical care and who you trust to be granted access to your Patient Portal. Examples include your spouse, parent, sibling, adult child, or other relative. This individual would be called your “**Proxy**” for purposes of your Patient Portal only. Your Proxy can only gain access to your Patient Portal after you and your Proxy complete and sign this form. We may also ask for identification, like a photo ID, to verify your Proxy’s identity.

What Can My Proxy See?

Your proxy can see everything in your medical record that you can see through your Patient Portal. In fact, after your Proxy is granted access, he/she would be able to access, view and manage your Patient Portal in the same way you can, including seeing your lab or test results, requesting referrals, requesting or scheduling appointments, paying bills on-line, as well as managing and updating your insurance plan details and personal information. The information your Proxy would see would also include any information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, STDs, HIV/AIDS related information, developmental disabilities, and genetic testing results. **Therefore, if you do not want your Proxy to have full access to all information in your medical record, you will need to indicate that accordingly by choosing a Portal Proxy Role on this form.**

What If I Change My Mind Later?

If you change your mind you must inform us immediately that you wish to terminate your Proxy’s access to your Patient Portal. Once you sign this form, your Proxy will continue to have access to your medical information through the Patient Portal unless you tell us something different. If your relationship with your Proxy changes, it is your responsibility solely to let us know if you need to terminate your Proxy’s access to your medical record. If you do not let us know, your Proxy will continue to have access to your medical record as you authorized by this form.

If you have any additional questions, please ask your Primary Care Partners Provider. You are not required to complete this form or to let any other person have access to your medical record, other than your doctors. The choice is yours. **If you have read this information and still want to grant Proxy Access to a person, you must fill out the rest of this form, and you and your Proxy must sign below.**



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Patient Information:

Patient Name:		Patient's Date of Birth:	
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Do you currently hold a myPCPportal.com account for your personal medical use? Yes No

Proxy Information:

Proxy Name:			
Telephone #:		E-mail:	
Address:	street		
	City, state, zip		
	apt#		

ID Verification Obtained (*specify type:* _____)

Proxy Relationship to the Patient:

Spouse Adult Child Family Member (*specify:* _____) Other: _____

Proxy Role Options:

- Healthcare Proxy (access to ALL available functions of portal: Demographics, Financials, Clinical, Appointments & Messaging)**
- Non- Clinical Proxy (access to- Demographics, Financials, Appointments & Messaging)
- Guarantor (access to Financials only)

Expiration Date/ Right of Revocation of Authorization:

This authorization will remain in effect unless revoked or terminated by the patient in writing to the Care Centers Privacy Officer and/or other authorized representative.

By signing below, I confirm as the PATIENT (for allowing access) and the PROXY (for accepting the duties and responsibilities of being granted access to the Patient's medical information) to all of the following REPRESENTATIONS AND WARRANTIES:

- I will not share my confidential log-in credentials with anyone else for use within the Patient Portal;
- I understand that myPCPportal.com is not to be used in emergency situations. If there is a medical emergency or an urgent medical question, I will call 911 or contact a Primary Care Partners Provider directly;
- As the Proxy, I have read and understood the requirements for accessing the above named Patient's myPCPportal.com account information and agree to abide by the according terms and conditions. My signature represents that all of the information provided about me is correct;
- I understand that this authorization pertains to records that were created or existing on or before the date this authorization was signed, as well as records that are created after the date this authorization is signed;
- I may refuse to sign this authorization and understand that my refusal to sign will not affect my ability to obtain treatment. If I refuse to sign this authorization, access to my account will not be granted to the Proxy;
- Neither Primary Care Partners Affiliates or its management company, Continuum Health Alliance, LLC, are liable for any unauthorized access to your health information that may result from you and your Proxy not protecting your access credentials;

Signature of **Patient** (or Legal Guardian, if patient minor or incapacitated)

Date

Signature of **Proxy**

Date