

Authorization for Patient Portal Proxy Access

Patient Information:

Patient Name: _____

Date of Birth: _____

__ / __ / __

Proxy Access:

Proxy Name: _____

Email Address: _____

Types of proxy access:

Adult Patient

**Access to another adult's Patient Portal record
(Also applies to emancipated minors. Emancipated minors must provide proof of emancipation)**

___ Capable Adult Patient:

- The Patient should sign this form to provide authorization for release of medical information.
- Authorization for proxy access is valid until revoked by patient

___ Legal Surrogate of Adult Patient:

(Adults who have surrogate relationship with another adult through a legal arrangement)

Describe the relationship:

- ___ Legal Guardian (court order)
- ___ Power of Attorney for Health Care
- ___ Surrogate

- If you are the legal guardian or you have 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 Swedish Hospital immediately if there is any change in authority.

Minor Patient

**Access to the Patient Portal record
for children ages 12 – 17**

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

Relationship to child

___ Parent

___ 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.

Adult –Child Age 12 -17 Patient

- Under Illinois state law portions of a patient's medical information are specifically protected, and require the patient to grant access by completing this Authorization for Patient Portal Proxy Access.
- When the patient reaches age of majority(18), it is the responsibility of the patient to request for the parent's or legal guardian's access to be revoke

Acknowledgement: By signing below, I acknowledge and agree that I will comply with the terms and conditions on the Patient Portal Terms and Condition page and this document.

Signature of Patient

Date

Signature of Proxy

Date

Signature of Witness

Date

