### Sentara Healthcare

## Patient Portal Proxy Access – All Ages



MYCHARTPROXY

#### **Proxy Access to Your Medical Records Online**

• In a proxy relationship, two people are involved. One of these is the person whose chart is being accessed. This person is called the **Patient**. The other is the person who needs access to medical information in order to help manage the care of another. This person is called the **Proxy**.

• This form will allow you to request access to a:

- ✓ Newborn/Child under the age of 14, the parent or legal guardian may request access on behalf of the newborn/child.
- ✓ Teen between the ages of 14 and 18, the teen may sign giving access to ONE (1) parent or legal guardian. (*Teens must also establish their own MyChart account*).
- ✓ Adult 18 and older, the Patient and the Proxy must sign the form or provide a Medical Power of Attorney

• Proxy Access is valid for a/an:

- ✓ Newborn/Child's account until the child turns 14
- ✓ Teens account until the 18<sup>th</sup> birthday or until revoked by the patient
- ✓ Adults account until revoked by the patient

#### 1. Patient information: (person granting permission for access to another)

Patient Name		Medical Record #
Address		
Previous Names	Social Security #	Birthdate
Home Phone	Work Phone	Email
Physician		Practice
2. Proxy information: (Pe	rson wishing to access information of	f patient)
Proxy Name	-	Medical Record #
Address		
Previous Names	Social Security #	Birthdate
Home Phone	Work Phone	Email
Do you have an active MyChart ac	count? Have you been	a patient at a Sentara Healthcare facility?
Relationship to patient:		
Spouse	Legal Guardian **	
Custodial Parent	Durable Power of	Attorney for Healthcare (DPOA) **
Caregiver for Senior Patie	ent Other (specify)	
Non-Custodial Parent	(1 )/	
Type of Access being requested:		
Newborn / Child access (Ne	wborn to age 14)	
Teen access (Ages 14-18) *	**	

\_\_\_\_\_ Adult access (18 and older)

Note: All fields are required for proxy access to be granted and Proper ID must be validated

\*\* This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative \*\*\*This request requires account activation by the teen.

### AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize Sentara Healthcare to release medical information via the online patient portal to: The Designated Proxy named above.

The following information is to be released: Any and all information as allowed through the Sentara patient portal.

## Proxy Access to Your Medical Records Online (cont.)

# BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE:

- I understand that the patient portal is not an emergency response system and is not to be used for urgent and/or emergent messages.
- I understand that I have a right to revoke this authorization at any time using Family Access Settings in my online account.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that teen access requires that the teen have their own individual access.
- I understand that teen access is governed by VA law and this document gives my parent or guardian permission to view any information visible via the Sentara patient portal.
- I agree on behalf of myself and the teen patient (if applicable) to waive and release the teens physician, Sentara Healthcare, and its affiliated entities, and their officers, directors, employees, agents, successors, and assignees from any and all claims or causes of action that are in anyway related to the use of the Sentara patient portal.
- I understand that information carries with it the potential for an unauthorized re-disclosure and the information may not be
  protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Sentara
  Privacy Contact at 757-857-8494.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and
  activation of the Sentara patient portal Proxy access feature must occur within thirty days from the date of this authorization.
- I confirm that all of the information and signatures provided from both parties are correct and valid.

Signature of Patient/Authorized Person	Authorized Person Relationship to Patient	Date
Reason patient is unable to sign: Minor	other	
If other provide reason:		

If proxy access is to a patient 14 yrs. or older the person granting access to their medical information must sign below:

Signature of Proxy/Patient Granting Access to another

Date