

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 General 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 MINOR PATIENT Access to another adult's Hospital Patient Portal record. Access to your minor child's Hospital Patient Portal record. (Note: This section also applies to Emancipated Minors. Individuals requesting access must have parental rights or *Emancipated Minors must provide proof of emancipation.*) legal guardianship right. **Relationship of Proxy to Adult Patient is:** My relationship to the Child is: □ Parent – Is there a court order in effect limiting your access □ Other Adult to the minor's medical records and information? **Yes No** The patient must sign this form to provide authorization Permanent Legal Guardian of the Minor – You **must** attach a for release of their medical information to any of the copy of the Court Order Appointing Guardian and Letters of above proxies via the Hospital Patient Portal. Authorization for proxy access is valid until revoked by Guardianship verifying the Proxy's status as permanent legal guardian of the patient. patient. Legal Representative of Adult Patient: (Adults who have a Select one: surrogate relationship with another adult through a legal Child (age 0-12 Patient): You will be granted access to arrangement). Select the option below that best describes this your child's record until the child turns 13 years old. A child **Representative relationship:** younger than 13 years old cannot have a personal Patient Dever of Attorney for Health Care (with current authority) Portal account. □ Healthcare Proxy Child (age 13-17 Patient): Due to legal limitations, Legal Guardian (court order) proxy access to medical records via the portal is not currently If you are the legal guardian or you have current available for children ages 13-17. Requests for access to these authority under a durable power of attorney for medical records may be made in person, with the patient, at healthcare for this patient, then this request must be the Health Information Management (aka Medical Records)

Please Note – Proxy access to your 0-13 year old minor's Patient Portal may take 3-5 days.

Department of Lawrence General Hospital.

Does the proxy have an active Lawrence General Hospital Patient Portal Account?
Q Yes
No

Has the proxy ever been a patient at Lawrence General Hospital? □ Yes □ No

- accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information.
- You must notify Lawrence General Hospital immediately in case of any change in authority. Other (specify)

| So good. So caring. So close. Provide proxy information below: | | Medical | Record #: | | (completed by Lawrence General Hospital) |
|---|-------------|--------------------------|---------------|---------|---|
| PROXY NAME: LAST, FIRST, MIDDLE INITIAL | | SEX: | DATE OF BIRTH | | LAST 4 NUMBERS OF SSN: |
| STREET ADDRESS: | | CITY: | | STATE: | ZIP: |
| HOME PHONE: | WORK PHONE: | 1 | | MOBILE: | |
| EMAIL ADDRESS: | | RELATIONSHIP TO PATIENT: | | | |
| PATIENT AUTHORIZATION | | | | | |

PATIENT:

I understand and agree that:

Lawrence

- I choose to designate the person named above as a proxy to my LGH Patient Portal, thereby allowing him/her access to my protected health information. I authorize release of any information contained in my LGH Patient Portal to my designated proxy. I understand that the medical information in the LGH 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 General Hospital policies and procedures and the Terms and Conditions, for adult patients, the proxy's access will remain in effect unless and until Lawrence General 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 LGH Patient Portal, as posted at <u>www.lawrencegeneral.org</u>.
- Participation in LGH Patient Portal and designating a proxy is completely voluntary. I understand that I am not required to designate an LGH
 Patient Portal proxy and I am not required to provide this authorization. I also understand that Lawrence General 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 General Hospital may decline to provide access to my LGH Patient Portal to my designated proxy.
- I understand that if I no longer want the proxy to have access to my LGH Patient Portal, I may request that Lawrence General Hospital revoke his/her access by submitting a completed Proxy Revocation form to the Lawrence General Hospital, Attn: Health Information Management, 1 General Street, Lawrence, MA 01842

| ♦ | | | |
|---|-----------------------|-----------|--|
| | Signature of Patient* | Date/Time | |
| • | | | |
| | Signature of witness | Date/Time | |

*Signature of patient is not required when patient is under the age of fourteen (13) 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 LGH Patient Portal contains medical information, but is not the complete patient medical record.
- Subject to Lawrence General Hospital's policies and procedures, in most cases, the patient can revoke the proxy's access to his/her LGH Patient Portal at any time.
- I have read, understand and agree to all Terms and Conditions relating to the Lawrence General Hospital Patient Portal, as posted at <u>www.lawrencegeneral.org</u>
- 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 General 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).

•

| Signature | of Patier | it Represe | ntative* |
|-----------|-----------|------------|----------|
|-----------|-----------|------------|----------|

Date/Time

* 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.

ompleted 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

Rev Aug 9, 2019

Page 2 of 2