

Patient Portal Proxy Access & Authorization for Adult Health Information Management

A patient portal proxy is a person who is given authorized access to another patient's online health portal account. They can log into this account and manage certain parts of a patient's healthcare information digitally.

Instructions on how to share access to your patient portal with another person:

1. You will **not** need to fill out this form. If you are unable to complete these steps, please see instructions below.
2. Sign into your patient portal account.
3. Click on the Account Options down arrow.
4. Select Share My Portal.
5. Under Shared Access, select 'Create Invitation'. Complete the steps to send an email invitation to your proxy.
6. Once your proxy receives and accepts the invitation, they will have access to view your health information within the patient portal.
7. You can remove their access anytime. Follows steps 1–4, then find the person's name, select the Edit box, then select Remove Shared Access.

Instructions to return completed proxy forms (if you cannot complete the steps above):

- Complete and sign the form on the next page.
- The patient must attach a copy of the patient's photo ID.
- Return the completed form along with the required supporting documents by mail or in person to:

**Health Information Management
Frederick Health Village
1 Frederick Health Way
Frederick, MD 21701**

- Or fax the form and documents to Health Information Management at 240-566-3619.

Proxy forms are reviewed and processed by Health Information Management before access is granted; processing may take some time.

Once you grant another person proxy access, your patient portal account will be found under the Account Options tab of their patient portal.

PATIENT LABEL

Patient Portal Proxy Access & Authorization for Adult

I authorize Frederick Health to grant proxy access of my electronic health information sent to the proxy's portal account.

Patient Information (*all sections required; please print clearly):

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)*

STREET ADDRESS*

CITY*

STATE*

ZIP*

E-MAIL ADDRESS*

PATIENT DATE OF BIRTH*

PHONE NUMBER*

Proxy Information (*all sections required; please print clearly):

PROXY NAME (LAST, FIRST, MIDDLE INITIAL)*

STREET ADDRESS*

CITY*

STATE*

ZIP*

E-MAIL ADDRESS*

PROXY DATE OF BIRTH*

PHONE NUMBER*

Proxy: Do you currently have your own account in the Frederick Health patient portal? (check one) ☐ Yes ☐ No

Please list any previous/other names you have that are associated with Frederick Health: _____

Relationship of proxy to the patient (select one):

☐ Guardian

☐ Friend

☐ Power of Attorney

☐ Mother

☐ Child

☐ Spouse/domestic partner

☐ Father

☐ Sibling

☐ Healthcare agent

☐ Other: _____

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Authorization for proxy access is valid until revoked in writing by the patient or remove via Share My Access in the patient portal.

Patient's Authorization

By signing this proxy request, I understand that I am authorizing Frederick Health to disclose/release my protected health information (PHI) the Frederick Health Patient Portal to my proxy. Health information available through the patient portal may include, but is not limited to: health summary, current problems lists, current medications, lab results, provider reports, radiology reports, appointment information, and more. The patient portal account does not reflect the complete contents of the patient's medical record; a full copy may be obtained from Health Information Management (240-566-4443).

I understand that the health information in my patient portal will be available to my proxy, including my health information relating to: (1) Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, (2) testing or treatment for substance use, (3) sexually transmitted diseases, or (4) mental or behavioral health or psychiatric care.

I understand that the patient portal is voluntary and is not a requirement. My treatment will not be impacted, whether or not I use the patient portal.

The proxy request is effective until my patient portal account is inactivated, or proxy access is revoked by me.

I understand that I have a right to revoke this authorization at any time. If I want to revoke this authorization, I must do so in writing and mail it to:

Health Information Management
Frederick Health Village
1 Frederick Health Way
Frederick, MD 21701

I can also remove it under the Share My Access in the patient portal. I understand that such a revocation will not have any effect on any information already released to my proxy.

This proxy request includes records that were created or existing on or before the date this form was signed, as well as records that are created after the date this form was signed.

I understand that the health information disclosed pursuant to this authorization may be re-disclosed by the recipient (proxy) and no longer protected by federal or state privacy laws.

I understand that I may refuse to sign this authorization and that my refusal to sign it will not affect my ability to obtain treatment. If I refuse to sign this authorization, access to my patient portal account for my proxy will not be granted.

PATIENT SIGNATURE (REQUIRED)

DATE AND TIME

PATIENT PRINTED NAME (REQUIRED)