

Patient Portal Proxy Access & Authorization for Incapacitated Minor

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 set up proxy access to the patient portal for an incapacitated child (child with limited functional ability) who is unable to obtain their own patient portal account:

- Complete and sign the form on the next page.
- The parent/guardian must attach a copy of their photo ID and provide proof of parentage/guardianship.
- 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're granted proxy access to another person's patient portal account, you will find their portal account in your patient portal under the Account Options tab of your patient portal.

PATIENT LABEL

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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

☐ Father

☐ Healthcare agent

☐ Mother

☐ Power of Attorney

☐ Other: _____

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Please check one of the boxes 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.

My relationship with the **Minor Patient** (access to a child Patient's Portal records):

☐ **Legal Guardian of Minor Patient**

- Guardian must attach to this form:
 - Copy of Guardian's photo ID
 - Copy of Court Order of Guardianship of the Person
 - Proof of parentage/guardianship/court order of guardianship
 - Required documentation from two providers confirming child is incapacitated
- Guardian signs proxy access form.
- Guardian agrees to notify Frederick Health immediately in case of any changes in authority.

☐ **Power of Attorney or Healthcare Agent**

- Individual must attach a copy of the legal paperwork and a copy of his/her photo ID to this form.
- Individual signs proxy access form.
- Individual agrees to notify Frederick Health immediately in case of any change in authority.
- Individual must include required documentation from two providers confirming child is incapacitated.

Legal Guardian, Power of Attorney, or Healthcare Agent

By signing this proxy request, I understand that:

- 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).
- The patient portal is intended as a secure online portal for viewing confidential medical information. I will not share my patient portal username and password with others. I understand that if I share my username and password with another person, that person may be able to view my child's private medical information.
- I confirm that there are no court orders or restraining orders in effect limiting my access to the minor patient's health records and/or health information.
- E-mail alerts will be sent to the e-mail address entered under Parent/Legal Guardian ("Proxy") Information.
- Access to the patient portal is provided by Frederick Health and they have the right to deactivate access at any time for any reason.
- My activities within the patient portal and the entries I make may become part of the medical record.
- By signing below, I acknowledge that I have read and understand this patient portal request, and I agree to its terms. I verify that I have parental rights or legal guardianship right to access the minor patient's protected health information (PHI).

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- I confirm that all documents provided in support of my rights to access the identified patient's protected health information (PHI) are true and correct copies and are the most recent documents related to this matter known to me.
- I understand that I will use my own patient portal account to access the patient's health information.
- I hereby agree that, when my legal authority to act on behalf of the patient been inactivated, revoked, terminated, or expired, I will immediately notify Frederick Health in writing of the change in authority within 30 days of the status change and mail it to:

Health Information Management

Frederick Health Village

1 Frederick Health Way

Frederick, MD 21701

PATIENT/PARENT/LEGAL GUARDIAN/DECISION MAKER SIGNATURE (REQUIRED)

DATE AND TIME

PATIENT/PARENT/LEGAL GUARDIAN/DECISION MAKER PRINTED NAME (REQUIRED)

RELATIONSHIP TO PATIENT (REQUIRED)