

Patient Portal- Proxy Access Form

Proxy User Information

<i>Print Name</i>		<i>Date of Birth</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Last 4 of SSN</i>	<i>Phone Number</i>	<i>Email Address</i>	

Patient Information

<i>Print Name</i>		<i>Date of Birth</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

The following age range limitations do not affect any legal right a parent or legal guardian to access their child's record by other means of release. To request a paper copy of your child's record contact the Health Information Management department for hospital records or an affiliated Anderson Medical Group Office for provider office records.

- If your child is 0-11 years of age, you will be granted full access to your child's MyHealth record. This form must be signed by the parent/legal guardian who is granting themselves access to their child's MyHealth portal information on both the patient and requestor lines below.
- Children 12 and over are considered independent users of online medical records by Illinois law and must grant proxy access to another individual including a parent or legal guardian. Independent users of MyHealth can grant access to their medical records anytime by designating a proxy user such as an adult child, parent, legal guardian, spouse or family member.
- Proxy access upon a patient's 12th birthday will expire. The proxy user will receive a 30 day notice prior to the expiration. After the expiration date, the parent/legal guardian will have to complete a Proxy Access form with the child's consent to access their information via the portal. This is required by Illinois state law. Parents and legal guardians may still request copies of medical records for children under the age of 18 by any other means of release of information.

I understand that my proxy will have the same access and privileges that I have for the Anderson Healthcare MyHealth Patient Portal. My proxy will be able to view portions of my record that I am able to view. I understand that this allows my proxy online access to my personal health information which may include, but not limited to, items related to drug/alcohol abuse, mental health treatment, genetic information, sexually transmitted diseases, HIV/AIDS testing/treatment or any other sensitive information.

By signing this authorization, I am requesting Anderson Healthcare to give access to my proxy to utilize the patient portal. I understand that Anderson Healthcare will require my proxy to sign an acknowledgement and agree to Anderson Healthcare's policies and procedures for use of the patient portal. This authorization is valid until revoked by me. I understand that a written request is necessary to revoke or cancel this authorization. However, I understand that my revocation will not be effective as to use and/or disclosures already made in reliance upon this authorization. I realize that the information use and/or disclose pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Proxy Forms can be submitted the following ways:

- Faxed to Health Information Management at 618-288-0024
- Emailed to: myhealth@andersonhospital.org
- Mailed to: Anderson Hospital- HIM
6800 State Route 162, Maryville, IL 62062
- Dropped off in person to the Health Information Management Department or affiliated Anderson Medical Group provider office

Patient Acknowledgement

I [the patient] would like to grant my proxy indicated above access to the following features of my patient portal:

- Clinical Data/Health Record Download Complete Medical Record Billing & Billing Details Profile Updates

<i>Signature of Patient</i>	<i>Date & Time</i>
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Proxy Acknowledgement

<i>Signature of Proxy</i>	<i>Relationship to Patient</i>	<i>Date & Time</i>
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