AUTHORIZATION FOR PROXY ACCESS

Patient Information

First Name: ______________________________ Last Name: ___________________________

DOB: _________________________

Street Address: __________________________________

City: __________________________________ State: __________ Zip: __________

Phone Number: _________________

Type of Proxy Access (13 to 17 years old) (PLEASE INITIAL)

Full _____ (access to all health information on the patient portal)

Type of Proxy Access (18 years and older) (PLEASE INITIAL)

Full _____ (*access to all health information on the patient portal)*

Partial ____ (access to specific health information on the patient portal – on back of form)

Proxy Information

First Name: ______________________________ Last Name: ___________________________

DOB: _________________________

Street Address: __________________________________

City: __________________________________ State: __________ Zip: __________

Phone Number: _________________ Email Address: _____________________________

Proxy Relationship to Patient

Parent:_________

Court Appointed Legal Guardian:_________

Spouse: ___________

If Other, Please Specify ____

I have read, understand and agree to allow proxy access to my patient portal at East Liberty Family Health Care Center to the individual listed above as indicated. I also hereby affirm that I am the patient identified above and all information I provided is correct. I understand and agree that by granting this access, my proxy will have access to my protected health information.

Patient Signature: ____ Date: ____________

Witness Signature: ____ Date: ____________

Partial Proxy Access Includes:

- Landing Homepage
- Demographics; Update Street Address; Pharmacy
- Information Section of Patient Demographics
- Current Statement displays
- View Past Statements
- Dental Treatment Plans
- Directions to Locations
- View Hours Locations are Open
- List of Providers
- Vitals in Progress Notes (for patients under 18 years of age)
- Previous Immunizations
- Request Historical Immunizations State Form
- Televisit Compatibility Test, Televisit FAQs
- Policies ELFHCC Posts to Portal