



MyMonHealth Patient Portal – Adult Proxy
(patient aged 18 and older)
Access Request Form

Patient Name: _____ DOB: _____ Last 4 of SSN: _____

Address – (City, State, Zip): _____

Phone #: _____

I authorize the **following individual to have access** to my MyMonHealth Patient Portal account as a proxy:

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Proxy name: _____ DOB: _____ Relationship to Patient: _____

Address – (City, State, Zip): _____

Phone #: _____ Last 4 of SSN: _____

Please supply the email address of the person who will be using the MyMonHealth Patient Portal:

Email address: _____

Once your information has been entered and proxy access granted, you will receive an e-mail at this address with instructions to create your own unique password to access the MyMonHealth Patient Portal.

I understand that my Proxy will have the same access and privileges that I have for the MyMonHealth Patient Portal. I understand that this allows my Proxy online access to my personal health information. My Proxy will be able to view portions of my record that I am able to view, which may include information relating to sexually transmitted disease, tuberculosis (TB), hepatitis B, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol and drug abuse. I understand that Mon Health Medical Center will not refuse to treat me because I do not sign this authorization unless I have agreed to receive the treatment as part of a research project or in order to provide my information to a third party. Under those circumstances, I understand that my refusal to sign the authorization may result in MHMC's refusal to treat me. I also understand that additional information may be made available to my Proxy through the MyMonHealth Patient Portal as Mon Health Medical Center continues to implement this product.

By signing this authorization, I am requesting Mon Health Medical Center to give access to my Proxy to utilize the MyMonHealth Patient Portal. I understand that Mon Health Medical Center will require my Proxy to sign a MyMonHealth Patient Portal User Agreement governing the use of the MyMonHealth 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 revocation will not be effective as to uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy laws. If the adult patient is incompetent, their legal representative must sign the Proxy Access Authorization Form in addition to the proxy in order for others to be granted proxy access. MPOA or other documentation may be required upon submission.

Patient Acknowledgement (Signature, Date, Time): _____

Proxy Acknowledgment (Signature, Date, Time): _____

Please submit this form **with a copy of your photo ID**:

1. **Email** to: MHS.PatientPortalRequest@vandaliahealth.org
2. **Mail**: MHMC Health Information Management Attn: HIM Proxies – 1200 J D Anderson Drive, Morgantown, WV 26505
3. **Fax** to: (304) 598-1399
4. **At MHMC registration locations** (Registration locations will send to Health Information Management)

All Blanks on the Form MUST be completed in Order for Proxy Access to be granted. Please print legibly.

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Instruction Sheet

INSTRUCTION SHEET FOR PROXY ACCESS FORM

WHAT IS A PROXY:

An individual who has been granted permission by the patient or the patient's legal guardian to have access to their patient health records on the MyMonHealth Patient Portal.

Adult Patient: 18 years of age or older. An adult patient may grant proxy access to any other adult upon completing the Proxy Access Authorization form. If the adult patient is incompetent, their legal representative must sign the Proxy Access Authorization Form in addition to the proxy in order for others to be granted proxy access.

Adolescent Patient: Age 12 through 17 years of age. In order to support compliance with state regulatory requirements, a parent or legal guardian may **not** have proxy access to their adolescent patient's health records on the MyMonHealth Patient Portal. The adolescent patient may be enrolled to have direct access to their MyMonHealth Patient Portal, unless restricted by the adolescent's provider. The parent or legal guardian may still obtain a paper copy of the adolescent patient's health records in the Health Information Management Department by signing the appropriate release of information authorization.

Pediatric Minor Patient: From birth through 11 years of age. – A parent or legal representative may have full access to their pediatric patient's health record on the MyMonHealth Patient Portal as a Proxy until the child reaches the age of 12: the Proxy Access Authorization form must be completed. Upon the attainment of age 12, the Proxy's access will atomically be revoked, at which time an adolescent patient proxy access form may be completed.

ADULT PROXY FORM – 18 and older All blanks on the form must be complete in order for proxy access to be granted.

- **Patient Name** – Indicates the name of patient whose health information is being accessed. Include date of birth, last 4 digits of SSN and complete address.
- **Proxy Name** – The person who will be granted access to the patient's health information. Include relationship to patient, address and a complete email address. PRINT the proxy email address (it is case sensitive) clearly, as access can only be granted if the email address is correct. Include the phone number for the proxy, in case it is necessary to contact the proxy regarding proxy information. Proper identification and signature is required.
- Only one proxy and one email address can be provided on each proxy form, along with that one proxy's signature. ***If multiple people are to be granted proxy access, a separate proxy access form must be completed and signed for each proxy.***

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