

## AMG PATIENT PORTAL & PROXY ACCESS REQUEST AND AUTHORIZATION FORM

**Designating a Proxy.** Proxy access gives someone that you name the ability to view your medical record information via the *Augusta Medical Group* Patient Portal. You may cancel your Proxy's access at any time by sending written notification with a signature to the Health Information Management Department at Augusta Health, or by completing the Proxy Revocation form found in the Forms section of the Patient Portal home page.

PATIENT INFORMATION			
PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	SEX:	DATE OF BIRTH	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	MOBILE PHONE:	WORK PHONE:	
EMAIL ADDRESS:			

PROXY INFORMATION
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**\*\*\*Please complete the box 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.*

<u>ADULT PATIENT</u>	<u>MINOR PATIENT</u>
<p style="text-align: center;"><b>Access to another adult's AMG Portal record.</b> <i>(Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)</i></p> <p><b>Relationship of Proxy to Adult Patient is:</b></p> <p><input type="checkbox"/> <b>Other Adult</b></p> <ul style="list-style-type: none"> <li>The patient must sign this form to provide authorization for release of their medical information to any of the above proxies via the Hospital Patient Portal.</li> <li>Authorization for proxy access is valid until revoked by patient.</li> </ul> <p><input type="checkbox"/> <b>Legal Representative of Adult Patient:</b> (Adults who have a surrogate relationship with another adult through a legal arrangement). <b>Select the option below that best describes this Representative relationship:</b></p> <p><input type="checkbox"/> Power of Attorney for Health Care (with current authority)</p> <p><input type="checkbox"/> Legal Guardian (court order)</p> <ul style="list-style-type: none"> <li>If you are the legal guardian or you have current authority under a durable power of attorney for healthcare for this patient, then this request <b>must</b> be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information.</li> <li>You must notify Augusta Health immediately in case of any change in authority.</li> </ul> <p><input type="checkbox"/> Other (specify) _____</p>	<p style="text-align: center;"><b>Access to your minor child's AMG Patient Portal record.</b></p> <ul style="list-style-type: none"> <li>Individuals requesting access must have parental rights or legal guardianship right.</li> </ul> <p><b>My relationship to the Child is:</b></p> <p><input type="checkbox"/> Parent – Is there a court order in effect limiting your access to the minor's medical records and information? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p><input type="checkbox"/> Permanent Legal Guardian of the Minor – You <b>must</b> attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient.</p> <p><b>Select one:</b></p> <p>_____ <b>Child (age 0-13 Patient):</b> You will be granted access to your child's record until the child turns 13 years old.</p> <p><b>** At 13 years of age, the patient can have their own portal account. The parent/guardian can call in to set the account up for the patient, and then access can be granted via Family Access.</b></p> <p>_____ <b>Child (age 13-17 Patient):</b> When Family Access is not feasible. You will be granted access to your child's records until the child turns 18 years old.</p> <p><b>Please Note – Proxy access to your 0-17 year old minor's Patient Portal may take 3-5 days.</b></p>

Does the proxy have an active *MyOffice* Portal?  Yes  No

**AMG Provide proxy information below:**

PROXY NAME: LAST, FIRST, MIDDLE INITIAL		SEX:	DATE OF BIRTH	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:	MOBILE PHONE:	RELATIONSHIP TO PATIENT:		
EMAIL ADDRESS:				

**PATIENT AUTHORIZATION**

**PATIENT:**

I understand and agree that:

- I am authorizing Augusta Medical Group and its affiliates and contractors to disclose all information on My Office Portal to the proxy named above, at the request of the proxy from time to time. Authorization for these disclosures will expire upon Augusta Medical Group receipt of a completed form for termination of proxy access, as described below.
- Subject to Augusta Medical Group policies and procedures and the Terms and Conditions, for adult patients, the proxy’s access will remain in effect unless and until Augusta Medical Group receives a completed form for termination of Proxy access.
- I understand that I am responsible for ensuring that the information set forth above, including, without limitation, the email address and other information, is accurate and complete.
- I will comply with the terms and conditions of the My Office Portal, as posted at [www.augustahealth.com](http://www.augustahealth.com).
- I choose to designate the person named above as a proxy to My Office Portal, thereby allowing him/her access to my protected health information. I authorize release of any information contained in My Office Portal to my designated proxy. I understand that the medical information in my Office Patient Portal is obtained from my electronic medical record but is not my complete medical record.
- Participation in my Office Patient Portal and designating a proxy is completely voluntary. I understand that I am not required to designate a My Office Patient Portal proxy, and I am not required to provide this authorization. I also understand that Augusta Medical Group does not condition any of my health care treatment, payment, or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Augusta Medical Group may decline to provide access to my Office Patient Portal to my designated proxy.
- I understand that if I no longer want the proxy to have access to my Office Patient Portal, I may request that Augusta Medical Group revoke his/her access by submitting a completed Proxy Revocation form to Augusta Health, Attn: Health Information Management, 78 Medical Center Drive, Fishersville, VA 22939.

◆ \_\_\_\_\_  
**Signature of Patient\* (Wet Signature Required)**

\_\_\_\_\_ **Date/Time**

**If this document is executed by the proxy identified above or another representative on behalf of the patient identified above, the undersigned agrees:**

- The My Office Patient Portal contains medical information but is not the complete patient medical record.
- Subject to Augusta Medical Group’s policies and procedures, in most cases, the patient can revoke the proxy’s access to his/her Office Portal at any time.
- I have read, understand, and agree to all Terms and Conditions relating to the Augusta Medical Group Patient Portal, as posted at [www.augustahealth.com](http://www.augustahealth.com)
- If I am signing this document on behalf of the patient, I represent and warrant that I am fully authorized to execute this document on behalf of the patient and to access and grant access to information about the patient on the Patient Portal, and I agree that I will notify Augusta Medical Group in writing immediately if my relationship or the relationship of the proxy with the patient changes (for example, if I am no longer the guardian of the patient).

◆ \_\_\_\_\_  
**Signature of Patient Representative\* (Wet Signature Required)**

\_\_\_\_\_ **Date/Time**

**\*The Patient Representative is the patient’s decision maker with current authority. It can be the parent if the patient is a minor, a legal guardian, health care power of attorney, or other person with current legal and representative authority.**

**Completed form to be sent to Health Information Management (Medical Records) Department. Completed form will be scanned to patient’s Medical Record.**

**Questions? Call: 540.943.6924**