PATIENT PORTAL PROXY ACCESS REQUEST AND AUTHORIZATION FORM

Designating a Proxy. Patient Portal Proxy access gives someone that you name the ability to view your medical record information via the Hospital Patient Portal. You may cancel your Proxy's access at any time by Hamaspik

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		
EMAIL ADDRESS:			

PROXY INFORMATION

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.

ADULT PATIENT

Access to another adult's Portal.
(*Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)*

Relationship of Proxy to Adult Patient is:

☐ **Other Adult**
- 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.
- Authorization for proxy access is valid until revoked by patient.

☐ **Legal Representative of Adult Patient:** (Adult who have a surrogate relationship with another adult through a legal arrangement.) **Select the option below that best describes this Representative relationship:**
☐ Power of Attorney for Health Care (with current authority)
☐Legal Guardian (court order)

- 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 must be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information.
- You must notify [_____] immediately in case of any change in authority.

☐ Other (specify) _____

MINOR PATIENT

Access to your minor child's Patient Portal record.

- Individuals requesting access must have parental rights or legal guardianship rights.

My relationship to the Child is:

☐ Parent – Is there a court order in effect limiting your access to the minor's medical records and information? ☐ **Yes** ☐ **No**
☐ Permanent Legal Guardian of the Minor – You **must** 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.

Select one:

_____ **Child (0-12 Patient):** You will be granted access to your child's record until the child turns 13 years old. A child younger than 13 years old cannot have a personal Patient Portal Account.

_____ **Child (age 13-17 Patient): Due to legal limitations, proxy access to medical records via the port is not currently available for children ages 13-17.** Requests for access to these medical records may be made in person, with the patient, at Hamaspik offices, located at 58 Route 59, Monsey, NY 10952.

Please Note -- Proxy access to your 0-13 year old minor's Patient Portal may take 3-5 days.

Does the proxy have an active Hamaspik Patient Portal Account? ☐ **Yes** ☐ **No**

Provide Proxy Information Below:

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

PATIENT AUTHORIZATION

PATIENT:

I understand and agree that:

- I choose to designate the person named above as a proxy to my Patient Portal, thereby allowing him/her access to my protected health information. I authorize release of any Information contained in my Patient Portal to my designated proxy. **I understand that such information may include (as applicable) HIV/AIDS, mental health and substance abuse treatment information,as well as genetic testing results.**
- I understand that my proxy is not subject to the same privacy and confidentiality obligations as Hamaspik, Inc., and will have no legal restrictions on redisclosing information obtained from my Patient Portal.
- Subject to Hamaspik, Inc., policies and procedures and the Terms and Conditions, for adult patients, the proxy's access will remain in effect unless and until Hamaspik, Inc. receives a completed form or letter 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 Patient Portal, as posted at www.hamaspik.com/accesshealth
- Participation in the Patient Portal and designating a proxy is voluntary. I understand that I am not required to designate a Patient Portal proxy and I am not required to provide this authorization. I also understand that Hamaspik, Inc. 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, Hamaspik, Inc. may decline to provide access to my Patient Portal to my designated proxy.
- I understand that if I no longer want the proxy to have access to my Patient Portal, I may request that his/her access be revoked by contacting Hamaspik Inc. Please call 833-426-2774 if you wish to modify access for your Portal. (TTY users, call 711.) Or mail your request to: Hamaspik Inc., 58 Route 59, Suite #1, Monsey, NY 10952.

_____ _____

Signature of Member* **Date/Time**

***** ***Signature of member is not required when he/she is under the age of eighteen (18) or proxy has legal authority.***

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

- The Patient Portal contains medical information, and may include, as applicable information regarding HIV/AIDS, mental health and substance abuse treatment as well as genetic testing information.
- Subject to Hamaspik's policies and procedures, in most cases, the patient can revoke the proxy's access to his/her Patient Portal at any time.
- I have read, understand and agree to all Terms and Conditions relating to the Patient Portal, as posted at www.hamaspik.com/accesshealth
- 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 Hamaspik, Inc. 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* **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.***