

The Bellevue Hospital Patient Portal Authorization for Proxy Access

Requirements and Procedures

This form may be used to authorize proxy access to another person's Bellevue Hospital Patient Portal account. The general requirements for proxy access to a Bellevue Hospital Patient Portal account record are:

- This Authorization for Proxy Access form must be completed, with the appropriate information below provided, and signed.
- Each individual requesting proxy access to a patient's Bellevue Hospital Patient Portal account record must have their own Bellevue Hospital Patient Portal account. If the individual requesting access does not have an account, The Bellevue Hospital will provide a Bellevue Hospital Patient Portal Activation Letter with instructions on how to create one.

If the Patient is a Competent Adult:

- Authorization/Signature. Authorization by the patient is required. The patient must sign this Authorization form.
- Proxy Designation. The patient may designate any other adult of their choosing to have proxy access.
- Disclosure of Information. The patient understands that this will allow the person designated as proxy to have access to the patient's Patient Portal account including the medical information contained in the Patient Portal. The patient authorizes the disclosure of this information to the proxy as described in the Authorization section below.
- Revocation/Termination. The patient may revoke proxy access at any time. Access may also be terminated as provided in the Terms & Conditions.

If the Patient is an Incompetent Adult:

- Authorization/Signature. Authorization by the patient's representative is required. The representative must be the patient's Legal Guardian or designated in the patient's Durable Power of Attorney for Healthcare and must sign this Authorization form.
- Proxy Designation. The patient's representative may designate himself/herself to have proxy access. The patient's representative may also designate any other adult to have proxy access.
- Disclosure of Information. The patient's representative understands that this will allow the person designated as proxy to have access to the patient's Patient Portal account including the medical information contained in the Patient Portal. The patient's representative authorizes the disclosure of this information to the proxy as described in the Authorization section below.
- Revocation/Termination. Proxy access of or granted by a representative is terminated if the individual ceases being the patient's representative (e.g., power of attorney is terminated). Access may also be terminated as provided in the Terms & Conditions.

If the Patient is a Minor:

- Authorization/Signature. Authorization by the minor's parent or legal guardian is required. The minor's parent or legal guardian must sign this Authorization form. **For minors 13 years old and older, the minor must also provide authorization and sign this form.**
- Proxy Designation. The parent/legal guardian may designate himself/herself to have proxy access. The parent/legal guardian may also designate any other adult to have proxy access. Individuals requesting access as legal guardian must provide appropriate legal documentation of guardianship to The Bellevue Hospital.
- Disclosure of Information. The parent/legal guardian understands that this will allow the person designated as proxy to have access to the minor's Patient Portal account including the medical information contained in the Patient Portal. The parent/legal guardian authorizes the disclosure of this information to the proxy as described in the Authorization section below.
- Revocation/Termination. Parent/legal guardian proxy access to a minor patient's Bellevue Hospital Patient Portal account is revoked when:
 - The parent/legal guardian submits a request to revoke proxy access.
 - A minor patient over 13 years of age submits a request to revoke proxy access.
 - Automatically when the minor patient turns 18 years old (continued access may be requested by submitting the appropriate form for family/caregiver access).
 - A minor patient advises The Bellevue Hospital of his/her status as an emancipated minor.
 - Access disputes between parent/legal guardian and minor, or between parents, cannot be resolved.

If proxy access of a parent/legal guardian is revoked, the minor patient's Bellevue Hospital Patient Portal account will be suspended/terminated (a minor may not have an independent account; parent/legal guardian is required). Access may also be terminated as provided in the Terms & Conditions.

- Special Rules for Minors. Under state and federal law, there are certain types of medical information that a parent/legal guardian of a minor patient may not view without consent of the minor patient. Because of these requirements, proxy access of a minor over 13 years of age is restricted, and The Bellevue Hospital will use reasonable efforts to exclude such confidential information from proxy access. This restriction will occur automatically upon the minor turning 13. Additionally, a minor over 13 years of age must authorize proxy access and disclosure of such confidential information contained in the Patient Portal to the parent/legal guardian.

Authorization

The patient or patient's representative/guardian/parent authorizes the disclosure of all medical and billing information about the patient contained in the patient's Bellevue Hospital Patient Portal account to the person granted proxy access as designated below. The purpose of the authorized disclosure is to allow the person granted proxy access as designated below to be able to have on-going access to the medical and billing information in this patient portal in order to allow the proxy to participate in the medical care of the patient.

The patient or patient's representative/guardian/parent understands that the person receiving proxy access is not a health care provider

nor health plan covered by federal privacy regulations, and the information accessed by the proxy could be redisclosed by such person and will likely no longer be protected by the federal privacy regulations.

As described above, patient or patient's representative/guardian/parent understands that he/she may revoke this authorization in writing at any time, except to the extent that action has been taken by The Bellevue Hospital in reliance on this authorization, by sending a written revocation to The Bellevue Hospital Health Information Management department. This authorization will expire upon revocation by the patient or patient's representative/guardian/parent, upon termination of the patient's Patient Portal account by The Bellevue Hospital, or as otherwise provided above.

The patient or patient's representative/guardian/parent understands that he/she is not required to sign this authorization form and that The Bellevue Hospital will not condition the provision of treatment or payment on the signing of this authorization.

Additional Instructions and Agreement

Communications on behalf of the patient must be sent from, and responses will be received in, the patient's Bellevue Hospital Patient Portal account record. Bellevue Hospital Patient Portal email alerts will be sent to the email address entered in the patient's Bellevue Hospital Patient Portal account record.

When using proxy access to view another person's Bellevue Hospital Patient Portal record, the proxy will log into his/her account and have access from his/her account to the other person's Bellevue Hospital Patient Portal record. A visual indicator will appear to highlight that the proxy is accessing the Bellevue Hospital Patient Portal record of that person. If the proxy has access to multiple Bellevue Hospital Patient Portal records through proxy access, the proxy should verify that he/she is viewing the correct record.

TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS):

Name:	Social Security #:
Address:	
Email:	Date of Birth:
I have read and understand the requirements and procedures regarding proxy access above. All information I have provided is correct. I understand that:	
<ul style="list-style-type: none">• I must have a Bellevue Hospital Patient Portal account to obtain proxy access to another account.• I must log in to The Bellevue Hospital Patient Portal with my own User ID & Password when utilizing proxy access, and will obtain proxy access by selecting "View Other Records" from my account.• I agree to abide by The Bellevue Hospital Patient Portal Terms and Conditions.• The Bellevue Hospital reserves the right to revoke proxy access to a Bellevue Hospital Patient Portal account at any time.	
The Bellevue Hospital Patient Portal is not to be used to communicate or obtain treatment in an emergency.	
I am requesting proxy access for the patient identified below and I certify that (check one box, as applicable):	
____ I am the Patient's Health Care Power of Attorney	
____ I am the Patient's (circle one): Father / Mother / Legal Guardian	
____ I am the Patient's family/caregiver (describe any family relationship: _____).	
Signature of Proxy: _____	Date: _____

TO BE COMPLETED BY/FOR THE PATIENT:

Name:	Date of Birth:
Address:	
Social Security #:	Male: _____ Female: _____
The undersigned grants proxy access to his/her Bellevue Hospital Patient Portal record to the person requesting proxy access listed above. Or, for a minor patient or incompetent patient, the undersigned grants proxy access to the patient's Bellevue Hospital Patient Portal record on behalf of the patient to the person requesting proxy access listed above. This form must be signed by the patient if patient is a competent adult or a minor over 13 years of age.	
<input type="checkbox"/> Grant Read Only Access (this means the Follow My Health portal record cannot be changed or updated)	
<input type="checkbox"/> Grant Full Access (this means the Follow My Health portal record can be changed and updated)	
Signature of Patient (or Representative/Guardian/Parent): _____	Date: _____

****To complete this form, please deliver (in person or by mail or fax) to:**
The Bellevue Hospital Health Information Management Department
1400 West Main Street
Bellevue, OH 44811
Fax: 419.483.1332

<i>For office use only.</i> Name of Bellevue staff member complete: _____
Confirm that proxy access was approved by patient/patient representative: Yes ___ No ___ Date: _____