Nuvance Health

Medical Record Number_____
(for internal use only)

Name of Facility_____

PROXY PATIENT PORTAL ACCESS REQUEST FORM

1. Patient Information:

Patient Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address City, State Zip

2. Please check one of the boxes below that best describes the proxy access requested: (Please note that for all types of proxy access, the patient's information will be accessed through the proxy's own patient portal account).

Adult Patient

Access to an Incapable Adult's Patient Portal Record
My relationship to the patient is:

☐ Conservator of the person

☐ Power of Attorney for Health Care
(valid in Connecticut only if executed prior to October 1, 2006)

☐ Health Care Representative

☐ Health Care Agent (New York State only)

☐ Other_____

- Attach documentation verifying your ID, relationship and authority to have access to the patient's medical information.
- You must notify Nuvance Health Facility above in writing immediately in case of any change in authority.

Minor Patient

Access to *Minor* Child's (age 0-12) Patient Portal Record
My relationship to the Child is:

☐ **Parent of the Child**

☐ **Legal Guardian of the Child**

If a legal guardian, attach a copy of the court order of legal guardianship. If parent has a different last name they must attach Paternity Acknowledgment or Birth Certificate.

You will be granted full access to your child's record until the child turns 13 years old. Between the ages of 13 - 18 no clinical information from their record will post to the portal account. At this age discussions between parents or guardians and the provider are best kept on a face to face or telephone basis.

Proxy Information:

By signing below, I the proxy acknowledge and agree that I will comply with the Patient Portal Terms and Conditions.

X_____ _____
Signature of Proxy Date

Proxy Name: _____ Date of Birth: _____
Last First M.I.

Address: _____ Phone Number:_____
Street Address City, State Zip Code

Email Address: _____ 4-Digit PIN _____

Please send forms and documents to: Patient.Portal@nuvancehealth.org