



Tri-Area Community Health

Patient Access to Medical Records (PHI) Through the Patient and/or Proxy Portal:

Patient access to our Patient Portal is provided at no charge to the patient. The portal is available 24/7 365 days a year except when it may be unavailable due to maintenance, upgrades, or other matters outside of our control. All patients are encouraged to get more engaged with their own healthcare by accessing the patient portal. No healthcare is provided through the portal, it is merely a method for you to review notes, medication lists, lab reports and other information contained in your electronic health records.

Patient Portal

Please understand, anyone with the username and password to your portal will be able to access your medical records contained in the portal. It is your responsibility to keep your username and password safe. Also understand that if you share your username with family, friends, or anyone else they will have full access to your medical records contained in the portal. **Our office is not able to separate the records in the portal so that users can only see a portion of those records.** All records will be available including sensitive protected health information (PHI) contained in your portal. Therefore, it is your responsibility to protect your access credentials.

DESIGNATING A PROXY:

Designating a Proxy: Tri-Area Community Health (TACH) patients can give another person the right to see their TACH medical record **if the individual is listed on the patient's HIPAA form**. Proxy access gives the person that you name (your "Proxy") (i.e., parent, legal guardian, or other elected adult) the ability to view your medical record information and talk with your health care providers using the TACH ("Patient Portal"). Patient information that may be viewed by your Proxy includes your problem list, allergies, medications, laboratory and radiology results, and other clinical documents. By using the Patient Portal your patient information can be accessed by your Proxy at any time. You may revoke your Proxy's access at any time by completing the "Revoke Proxy Access Form". To name a Proxy and/or allow a proxy access to a patient's Patient Portal, please complete the following pages beginning by providing the patient information requested below:

PATIENT Information: (Complete all information. Please print clearly.)

Name: (First, Middle Initial, Last) _____

Date of Birth: _____ Last 4 digits of PATIENT's Social Security No: _____

Telephone Number: _____ Mobile Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

PATIENT's Primary Care Provider: _____

****Please complete the box below that best describes the proxy access requested****
The patient's medical record will be accessed through the Proxy's Patient Portal Account.
The system will document all access and activities on the portal account logs.

MINOR PATIENT

Requesting access to a minor child's (age 0-17) Patient Portal.

Individuals requesting access must have parental or legal guardianship rights.

Relationship of Proxy to Minor Patient 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 to verify the Proxy's status.

Please note: Court papers and/or court orders are to be provided, changes cannot be made without the proper legal documents. i.e., access cannot be blocked for one parent on the word of another parent. When the patient turns 18, a new request and consent is required to allow Parent/Legal Guardian proxy access.

ADULT Patient

Requesting access to another adult's Patient Portal record.

An adult competent patient may select a person to be the patient's proxy. An Emancipated Minor shall be treated as if an adult for purposes of this form. An Emancipated Minor patient may select a person to be the patient's proxy. The Emancipated Minor must provide proof of emancipation.

The adult competent patient must sign the acknowledgement section below to provide agreement for release of their medical information to the named proxy. Proxy access is valid until revoked by patient.

ADULT Patient

Requesting access to another adult's Patient Portal record

Individuals requesting access must be the adult patient's representative.

Relationship of Proxy to Adult Patient is:

- Legal Representative of Patient: Select the option below that best describes this 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 TACH of any change in authority.

- Representative:
 - Care Giver – Adult helping care for another adult i.e. Adult child caring for parent.
 - Spouse – Legally married to patient.

PROXY INFORMATION:

PROXY Information: (Complete all information. Please print clearly.)

Name: (First, Middle Initial, Last) _____

Date of Birth: _____ Last 4 digits of PATIENT's Social Security No: _____

Telephone Number: _____ Mobile Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

PROXY Acknowledgement:

I understand and agree that:

- I am the patient's proxy and the proxy information described above is complete and accurate.
- I have read and understand the terms about proxy access and designation.
- **A patient signature is not required and my signature as proxy is all that is required if I am the proxy for a patient who is a Minor Patient (age 0-17) years of age or if I am the proxy for a patient because of my legal authority, i.e., legal guardian or power of attorney.**
- The patient portal contains parts of the patient's medical records but is not the patient's complete TACH record.
- Subject to policies and procedures TACH can revoke the proxy's access to the patient portal at any time.
- If I am signing this acknowledgement on behalf of the patient because of my legal authority, 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 TACH 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).
- I understand it is my responsibility to keep my username and password safe and secure. I understand the importance of keeping my login credentials confidential for the safety and privacy of the patient.
- I understand that all of my activities within the eCW Patient Portal may be tracked by computer audit and that any entries and messages may become part of the medical record.
- I understand that the Patient Portal is not to be used in emergency situations. If there is a medical emergency or an urgent medical question, I will contact TACH directly or call 911.

By signing below, I acknowledge that I have read, understand and agree to the terms stated above and the Terms and Conditions for Use.

Date: _____ Printed Name: _____

Signature: _____

Relationship to Patient: (e.g., parent, legal guardian, etc.) _____

I grant the following ACCESS to my Proxy:

Full Access – All information will be available including your problem list, allergies, medications, laboratory and radiology results, and other clinical documents.

PATIENT Acknowledgement:

I understand and agree that:

- I am allowing Tri-Area Community Health and its affiliates and contractors to disclose my information on the Patient Portal to the proxy named, above, at the request of the proxy from time to time.
- I am responsible to make sure that the information described above, including the e-mail address and other information, is accurate and complete.
- I choose to designate the person named above as a proxy to my Patient Portal and in doing so, allow him/her access to my protected health information.
- I allow the release of any information contained in my Patient Portal to my Proxy.
- The medical information in my Patient Portal is obtained from my Tri-Area Community Health electronic medical record but it is not my complete TACH medical record.
- Participating in the Patient Portal and selecting a proxy is completely voluntary.
- I am not required to choose a Patient Portal Proxy.
- Tri-Area Community Health does not condition any of my health care treatment, payment or other services on whether I choose to name a proxy and provide permission by signing this acknowledgement.
- If I no longer want the proxy to have access to my Patient Portal, I must request the change with Tri-Area Community Health to revoke his/her access.
- Anyone with the username and password to my portal will be able to access my medical records contained in the portal.
- It is my responsibility to keep my username and password safe and secure.
- I understand that all of my activities within the eCW Patient Portal completed by the Proxy, myself, may be tracked by computer audit and that any entries and messages may become part of the medical record.
- Information from outside sources such as labs, pathology, and imaging reports are shared to the patient portal as soon as our office receives the results, thus you may access to the report prior to our office reviewing and verifying the information.
- The practice shall have no responsibility or liability for information or content posted to the Patient Portal from any health care provider or third party that is not a part of our practice.
- Information or content posted to the Patient Portal may be changed or updated without notice.
- The Patient Portal is for information purposes and does not constitute professional medical advice, diagnosis, treatment, or recommendations of any kind.
- I understand that the Patient Portal is not to be used in emergency situations. If there is a medical emergency or an urgent medical question, I will contact TACH directly or call 911.

By signing below, I acknowledge that I have read, understand and agree to the terms stated above and the Terms and Conditions for Use.

Date: _____ Printed Name: _____

Signature: _____