

St. Peter's Patient Portal Proxy Registration Form

Patient Information:

Patient Name: _____ Date of Birth: _____
Last First Middle Initial

Address: _____
Street Address City, State Zip Medical Record Number

E-mail Address: _____ Phone Number: _____

Proxy Information: (Person to whom you authorize St. Peter's Hospital to release the Patient Portal record to)

Proxy Name: _____ Date of Birth: _____
Last First Middle Initial

Address _____
Street Address City, State Zip Medical Record Number (if a patient)

E-mail Address: _____ Phone Number: _____

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

Has the proxy ever been a patient at St. Peter's Hospital? Yes No

****Please check one of the boxes 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 (Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation)

Adult-capable Adult Patient

- The patient should sign this form to provide authorization for release of their medical information
- Authorization for proxy access is valid until revoked in writing by patient.

Legal Guardian of Adult Patient

(Adults who have a surrogate relationship with another adult through a legal arrangement)

Circle the option that best describes the guardianship

Legal Guardian (court order) Power of Attorney for Health Care Other: _____

- If you are the legal guardian or have a durable power of attorney for healthcare for this patient, a copy of the legal paperwork must be attached or already included in the patient's medical records.
- You must notify St. Peter's Hospital immediately in case of any change of authority.

Minor Patient (Note: Individuals requesting access must have parental rights or legal guardianship rights)

Parent

- Permanent Legal Guardian of the Patient** (Must attach or already have on file, a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient)

YOU WILL BE GRANTED FULL ACCESS TO YOUR CHILD'S RECORD UNTIL THE CHILD TURNS 13 YEARS OLD.

