

To be completed by the PATIENT who is authorizing additional access to their health information in the MYHEALTH Patient Portal. (Does not apply to Legal Guardian, Power of Attorney, or Newborn through 12 years old)

AUTHORIZATION for ACCESS
to my personal PATIENT PORTAL

- By signing this proxy request, I understand that I am giving my permission for Pomona Valley Hospital Medical Center to disclose my protected health information (PHI) through the MYHEALTH Patient Portal to my designated proxy. Information includes, but is not limited to: health summary, current problem list, current medications, lab results, etc.
- The information available to my proxy may include information relating to: (1) Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, (2) treatment for drug or alcohol abuse, (3) sexually transmitted diseases, or (4) mental or behavioral health or psychiatric care.
- This proxy request is effective until my Patient Portal account is deactivated or proxy access is revoked.
- This proxy request includes records that were created or existing on or before the date this form was signed, as well as records that are created after the date this form is signed.
- I understand that I have a right to revoke this authorization at any time. If I want to revoke this authorization, I must do so in writing. I understand that such a revocation will not have any effect on any information already released to my proxy.
- I understand that the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal or California State privacy laws.
- I may refuse to sign this authorization and understand that my refusal to sign will not affect my ability to obtain treatment.
- If I refuse to sign this authorization, access to the MYHEALTH Patient Portal account will not be granted for my designated proxy.

Adult Patient / Legal Guardian / Parent

By signing below, I acknowledge and agree to comply with the terms and conditions on the MYHEALTH Patient Portal **Terms and Conditions** and this document.

REQUIRED Patient/Parent/Legal Guardian Signature Date

REQUIRED Relationship to Patient

For MYHEALTH Staff Use Date: _____

Valid ID Verified **Photo ID** **Gov't ID** **Other:** _____

Presented appropriate legal documents: **Yes** **No**

Receiving Staff Signature

Date

To be completed by the PROXY

REMINDER: Copy of any legal documents must be attached to this form when submitted for processing.

By signing below, parents acknowledge and agree:

- I will be using my own MYHEALTH Patient Portal account to access the Child's Patient Portal account.
- I have parental rights or legal guardianship rights to access this Child's record.
- I have not been denied periods of physical placement with the Child and there are no court orders or restraining orders in effect limiting my access to this Child's medical records and/or information.
- Communications on behalf of the Child through the MYHEALTH Patient Portal must be sent from the Child's record and responses will be received in the Child's record. Patient Portal e-mail alerts will be sent to the e-mail address entered under Parent/Legal Guardian ("Proxy") Information.
- For a child newborn through 12 years, I will be granted full access to the Child's MYHEALTH record. **On the Child's 13th birthday,** I will no longer have access to the Child's Patient Portal record unless the child authorizes me to access any specially protected information - mental health, reproductive services, HIV and AIDS and chemical dependency.

LEGAL GUARDIANS

All documents, if any, I have provided in support of my request to access the patient's protected health information, are true and correct copies and are the most recent documents related to this matter. When my legal authority to act on behalf of the patient has been inactivated, revoked, terminated, or expired, I must immediately notify Pomona Valley Hospital Medical Center in writing of the change in authority & the date it became effective, and mail it to:

Pomona Valley Hospital Medical Center
ATTN: Health Information Management – MYHEALTH
1798 N. Garey Ave. Pomona, CA 91767

Proxy

By signing below, I acknowledge, agree & understand:

- I will be using my own Patient Portal account to access the patient's Patient Portal account.
- I will comply with the Patient Portal **Terms and Conditions**
- The patient can revoke my access to his/her MYHEALTH Patient Portal account at any time

REQUIRED Patient/Parent/Legal Guardian Signature Date

REQUIRED Relationship to Patient



Patient Portal Proxy Authorization Process

Definitions

Adult: for the purpose of making health care decisions, an adult is a person who has reached the age of 18, or a minor who has entered a valid marriage (whether or not the marriage was terminated by dissolution), who is on active duty with the armed forces of the United States of America or has been declared emancipated pursuant to Family Code Section 7122 *et seq.*

Minor: all persons under the age of 18 [Family Code Section 6500]. Parents have the right to control care until this age however there are exceptions to this general rule based on the status of the minor (emancipated, married, serving in the military, etc.) Other exceptions are based on the nature of the treatment sought (pregnancy-related care, communicable disease, etc.)

Proxy Access: gives permission to proxy to have access to patient PHI through the MYHEALTH portal. Information includes but is not limited to: health summary, current problem list, current medications, lab results etc.

MYHEALTH Proxy Portal Access

Adult proxy access allows patients to request others to be given access to their medical information in the MYHEALTH patient portal. In order to obtain access the patient and the adult proxy must complete and sign the Request for Proxy Access Form. Patients will be asked to present valid photo identification.

For children who are 13-17 years old, a Custodial/Adoptive parent or legal guardian can access the MYHEALTH portal with the child's consent. With the consent of a Custodial/Adoptive parent or legal guardian, children 13-17 years old can access their own online record.

Requirements for access to a patient's portal account:

- **Adult Proxy Request**
 - MYHEALTH Patient Portal Proxy form must be submitted by the patient
 - The patient and the proxy must both complete and sign the appropriate Request for Proxy Access Form
 - If proxy requestor is the power of attorney, legal guardian of adult appropriate documentation must be provided
 - Valid photo ID presented
- **Minor Proxy Request (13-17 years old)**
 - The patient may indicate whether they permit their parent(s) or guardian(s) to have access to specifically protected information under state laws, which includes reproductive care, sexually transmitted diseases (STD) treatment, mental health, and substance abuse information by signing a separate agreement form.
 - The individual must have parental rights or legal guardianship rights and complete the MYHEALTH Proxy Authorization
 - A separate proxy form must be completed for each child.
- **Minor Proxy Request (Newborn through 12 years old)**
 - The individual must have parental rights or legal guardianship rights and complete the MYHEALTH Proxy Authorization
 - A separate proxy form must be completed for each child.

**Patient Portal Proxy Authorization Process
Patient Information**

Connect as an Adult Proxy to Adult Patient

To request access, you must complete the MYHEALTH Patient Portal Proxy Authorization form and mail or fax it to the address below. Complete the MYHEALTH Patient Portal Proxy Authorization form if you are an adult patient at least 18 years of age and want to give another adult access or grant proxy access to your MYHEALTH patient portal account. Also complete this form if you are a legal guardian or have a durable power of attorney for healthcare, of an adult patient and you are requesting proxy access on behalf of that patient. You will be required to provide documentation to show you have legal right to request proxy access.

Requirements for access as Adult proxy to Adult portal account:

- Legal Guardian; court ordered, with proof of legal guardianship (*documentation required*)
- Power of Attorney for Healthcare, Conservatorship (*documentation required*)
- MYHEALTH Patient Portal Proxy Authorization form, signed by patient
- Internet access and a working e-mail account that you check regularly
- Accept the Terms and Conditions statement

Connect as Proxy to Minor Child (Patient 13 through 17 years old)

Patients 13 - 17 years old can choose to permit whether their parent(s) or guardian(s) are authorized to access their health care information specially protected under state laws; this includes reproductive, STD, mental health and substance abuse information. You will be required to provide documentation to show you have legal right to request proxy access. When the patient becomes 18 years old, parent/guardian access to their MYHEALTH Patient Portal will be disconnected. If continued access is desired, a new MYHEALTH Proxy Authorization form can be completed after they turn 18 years old. With the consent of a Custodial/Adoptive parent or legal guardian, children 13 - 17 years old can access their MYHEALTH patient portal records.

Requirements for access to your adolescent child's portal account:

- Requestor must be either Custodial/Adoptive parent (*documentation required*)
- Legal Guardian with proof of legal guardianship (*if applicable*)
- MYHEALTH Patient Portal Proxy Authorization form
- Internet access and a working e-mail account that you check regularly
- Accept the Terms and Conditions statement
- A separate proxy form must be completed for **each** child

Custodial/Adoptive Parent or Legal Guardian access to a child's record is revoked when:

- Custodial/Adoptive parent or Legal Guardian submits a request or revoke.
- Child turns 18 years old (parent and patient must re-authorize access)
- Child advises Pomona Valley Hospital Medical Center of his/her emancipated status
- Parent/Parent Access cannot be resolved

Connect as Proxy to Newborn (Newborn through 12 years old)

You will be authorized to full access to your child's health care information with MYHEALTH until the child turns 13 years old with the completion of the MYHEALTH Patient Portal Authorization

- If you have been a patient with Pomona Valley Hospital since October 1, 2014 your child's record will be accessible through your MYHEALTH Patient Portal access point.
- When the patient becomes 18 years old, parent/guardian access to their MYHEALTH Patient Portal will be disconnected. If continued access is desired, a new MYHEALTH Proxy Authorization form can be completed after they turn 18 years old.

Procedure

1. All information must be entered as indicated in order to successfully process your request. If the information provided does not match our records, we will contact you.
2. Valid ID and appropriate documentation must be provided in order for request to be processed.
3. Questions and completed forms are submitted the Health Information Management Department MYHEALTH Support or contact at 909-865-9995 or MYHEALTH@pvhmc.org or additional questions.