

**Minor/Adolescent Patient Portal Proxy Access**

**REQUEST AND CONSENT FORM**

**Designating a Proxy:** Jefferson Community Health and Life patients can give another person the right to see their medical record. 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 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 cancel your Proxy's access at any time by calling 402-729-3351 and asking for patient portal assistance.

You may also revoke your Proxy's access at any time by providing written notification with signature to JCHL.

To request a paper copy of a patient's medical record, please contact JCH&L release of information at 402-587-5221.

To name a Proxy and/or allow a proxy access to a minor patient's Patient Portal, please complete the following (4) pages beginning by providing the patient information requested below:

**PATIENT INFORMATION**

Name (last, first, middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PATIENT'S Social Security No: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

PATIENT'S Primary Care Provider: \_\_\_\_\_

**PROXY INFORMATION**

Name (last, first, middle initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

PROXY'S Primary Care Provider: \_\_\_\_\_

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

Has the proxy ever been a patient at JCHL?  Yes  No

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**PROXY INFORMATION**

**\*\*\*Please complete the box below that best describes the proxy access requested\*\*\***

For all types of proxy access, the patient's medical record will be accessed through the proxy's Patient Portal account.

You must notify JCHL immediately of any change in guardianship.

**MINOR PATIENT**

**Requesting access to a minor child's (age 0-12) Patient Portal.**

Individuals requesting access must have parental or legal guardianship rights.

**Relationship of Proxy to Minor 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.

The Proxy access to 0-12 year old minor's Patient Portal account will be revoked at the age of 13. The adolescent child will need to complete a form granting parent proxy access.

\*Please Note- Proxy access to 0-12 year old minor's Patient Portal may take 3-5 days.

**ADOLESCENT PATIENT**

**Requesting access to adolescent's (age 13-17) Patient Portal.**

Individuals requesting access must have parental or legal guardianship rights.

Adolescent patients must authorize proxy to his/her own account starting at the age of 13 due to minor confidentiality for certain treatments under Nebraska Statute 71-504.

**Relationship of Proxy to Adolescent 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 Adolescent – You must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship to verify the Proxy's status.

The adolescent patient must sign the authorization section below to provide authorization for release of their medical information to the named proxy.

\* Authorization for proxy access is valid until revoked by patient.

\*Please Note- Proxy access to 13-17 year old adolescent's Patient Portal may take 3-5 days.

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**PROXY AUTHORIZATION:**

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 noted above under Patient Authorization.
- I have read, understand and agree to the Terms and Conditions for Use related to the JCH&L Patient Portal.
  - 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 0-12 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 Proxy access to 0-12 year old minor's Patient Portal account will be revoked at the age of 13. The adolescent child will need to complete a form granting parent or guardian proxy access.
- Subject to JCH&L policies and procedures, JCH&L or the patient can revoke the proxy's access to the Patient Portal at any time.
- The Patient Portal contains parts of the patient's medical records but is not the patient's complete JCH&L medical record.
- If I am signing this authorization 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 JCH&L 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).

By signing below, I acknowledge that I have read, understand and agree to the terms stated above and the Terms and Conditions for Use related to the JCH&L Patient Portal.

**Proxy/Patient Representative**

Date \_\_\_\_\_ Proxy Print Name \_\_\_\_\_

Proxy Signature \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**\*Please continue to next page if patient is 13-18 years of age.**

Return completed form to any JCH&L registration desk

Completed form will be scanned into patient's Medical Record.

Questions? Call JCH&L and ask for Patient Portal Assistance 402-729-3351

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**ADOLESCENT PATIENT AUTHORIZATION:**

\*Ages 13-18 complete this page

I understand and agree that:

- I am allowing JCH&L 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 email address and other information, is accurate and complete.
  - I will comply with the Terms and Conditions of the Patient Portal, as posted at <https://jchealthandlife.ighealth.com/terms>
  - 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 JCH&L electronic medical record but is not my complete JCH&L medical record.
  - Participating in the Patient Portal and selecting a proxy is completely voluntary.
  - I am not required to choose a Patient Portal proxy and I am not required to provide this authorization.
  - Jefferson 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 authorization.
  - If I do choose a proxy, but do not sign this authorization, JCH&L may not provide access to my Patient Portal to my proxy.
  - If I no longer want the proxy to have access to my Patient Portal, I may request that JCH&L revoke his/her access.
- By signing below, I acknowledge that I have read, understand and agree to the terms stated above and the Terms and Conditions for Use related to the JCH&L Patient Portal.

Date \_\_\_\_\_ Patient Printed Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Return completed form to any JCH&L registration desk

Completed form will be scanned into patient's Medical Record.

Questions? Call JCH&L and ask for Patient Portal Assistance 402-729-3351