

**Nevada Health Centers, Inc.**  
**PATIENT PORTAL PROXY ACCESS FORM**

Proxy access allows a person to access data in another person's medical record available on the Nevada Health Centers Patient Portal. Patients may wish to grant access to a family member and/or friend when they need assistance managing their appointments and other medical needs.

In any Proxy relationship, two people are involved. One of these is the person whose chart is being accessed ("Patient"). The other is the person who needs access to the chart ("Proxy"). Patients may designate multiple Proxies, if desired. Only adults ages 18 years and older may act as a Proxy.

PATIENT INFORMATION	
Patient's Name <i>(Required / please print):</i>	Patient's Date of Birth <i>(Required / mm/dd/yyyy):</i>
Patient's Address <i>(Required):</i>	
Patient's MRN <i>(Office use only):</i>	
PROXY INFORMATION	
Name <i>(Specify name of Proxy to receive access):</i>	Date of Birth <i>(Required):</i>
Address <i>(Street Address, City, State, Zip Code):</i>	Phone Number:
<input type="checkbox"/> Cell <input type="checkbox"/> Landline	
Proxy's Email Address <i>(Required):</i>	Relationship to Patient:
Is Proxy Requestor a patient at Nevada Health Centers? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, MRN <i>(Office use only):</i>	
AUTHORIZATION BY PATIENT OR LEGAL REPRESENTATIVE	
<ul style="list-style-type: none"> <li>I hereby authorize the disclosure of all medical and billing information about the Patient contained in the Patient's portal account to the person granted Proxy access below. The purpose of this disclosure is to allow the person granted Proxy access to have ongoing access to the medical and billing information of the Patient.</li> <li>I understand that the person receiving Proxy access is not a healthcare provider or health plan covered by federal privacy regulations and that the information accessed by the Proxy could be re-disclosed by such person leaving it unprotected.</li> <li>I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization, by contacting Nevada Health Centers.</li> <li>This authorization will expire upon revocation by the Patient (or Patient's representative or parent) or upon termination of the Patient's portal account.</li> </ul>	

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**I am requesting Proxy access be granted** and I certify that (check one):

- ☐ I am the Patient  
☐ I have been granted the Patient's Health Care Power of Attorney  
☐ I am the Patient's (circle one): Father / Mother and the Patient is a Minor  
☐ I am the Patient's Legal Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I am accepting Proxy access:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**I am requesting Proxy access be revoked** and I certify that (check one):

- ☐ I am the Patient  
☐ I have been granted the Patient's Health Care Power of Attorney  
☐ I am the Patient's (circle one): Father / Mother and the Patient is a Minor  
☐ I am the Patient's Legal Guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL NVHC STAFF USE ONLY:**

Date Received: \_\_\_\_\_

Requestor's ID Verified?: ☐ Yes ☐ No

Name of Staff Member who received form  
on the behalf of the provider (*please print*): \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

**Instructions for Staff:**

1. Make a copy of the Proxy Requestor's photo identification card.
2. Scan the photo ID and this Proxy Access form into the **Patient's** chart using the document folder "**FDS-MyChart Proxy Consent**".
3. Route the scanned document to your clinic's Front Office Pool for processing.

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Patient Type	Who may act as Proxy	Who must provide authorization / signature	Revocation / termination
<b>Competent Adult</b>	The Patient may designate any other adult to have Proxy access to the Patient's portal account.	The Patient can grant and revoke Proxy access at will from their own portal account.  If the adult Patient does not have or want their own personal portal account, the Patient must co-sign this form approving the Proxy's access to the Patient's account.	The Patient may revoke Proxy access at any time via the "Revoke button in EPIC" option provided in the patient portal or by contacting his or her healthcare provider.
<b>Incompetent Adult</b>	A person acting as the incompetent Patient's representative may designate himself/herself (or another competent adult) to have Proxy access to the Patient's portal account. A Patient's representative must be the Patient's legal guardian or designated as the Patient's durable power of attorney for healthcare, as evidenced by the appropriate legal documentation provided.	The Patient's representative must sign this form, authorizing the individual listed to have access to the Patient's account.	The Patient's representative may revoke Proxy access at any time. In addition, in the event that the Patient's representative no longer acts in that capacity (e.g., power of attorney revoked), the Patient's representative agrees to notify NVHC promptly. Upon such notification, access to the Patient's portal account will be terminated. In the interim period, the Patient's representative agrees to not access the Patient's portal account and understands that doing so constitutes unauthorized access of private medical information.
<b>Minors Age 0-11 years</b>	A parent or legal guardian may designate himself/herself (or another competent adult) to have Proxy access to the Patient's portal account. A Patient's legal guardian seeking access to a Patient's portal account must provide the appropriate legal documentation.  <b>Foster Parents:</b> Medical Faculty Associates does not allow foster parents to have Proxy access to their foster child's portal account.	If the minor's parent or legal guardian is designating access to another adult, the minor's parent or legal guardian must sign this form, authorizing the individual listed to have access to the Patient's account.	The Patient's parent or legal guardian may revoke Proxy access at any time.  On the Patient's 12th birthday, Proxies' access to the minor's medical information is limited.
<b>Minors Age 12-17 years</b>	Due to Federal and State confidentiality laws specific to teen Patients between the ages of 12 to 17 years, there are certain types of medical information that the parent or guardian of a minor Patient may not view without consent of the minor Patient. Because of these requirements, we give very limited access to Patients who are ages 12-17 years.	Patients ages 12-17 years are eligible for their own patient portal account. They can grant and revoke Proxy access directly from their personal portal account.	On the Patient's 12th birthday, Proxies' access to the minor's medical information is limited.  On the Patient's 18th birthday, Proxies' access to Patient's chart is automatically terminated.