SPOC8190

St. Bernards MyHealth Patient Portal
Adult Proxy Authorization

PATIENT INFORMATION

Patient Full Name (First Middle Last): _____

Patient Street Address: _____

City, State & Zip Code: _____

Patient Phone: _____ Patient Date of Birth: _____

PROXY INFORMATION

Proxy Full Name (First Middle Last): _____

Proxy Street Address: _____

City, State & Zip Code: _____

Proxy Phone: _____ Proxy Date of Birth: _____

Proxy Email: _____

What is the proxy's relationship to the patient? _____

St. Bernards reserves the right to revoke proxy access at any time. Any person granted proxy access may only access medical information and services on the patient's behalf via the St. Bernards MyHealth Patient Portal. This authorization does NOT allow the proxy to (1) make other health care decisions on the patient's behalf or (2) access the patient's health information other than via the St. Bernards MyHealth Patient Portal online.

The patient can revoke proxy access at any time within the St. Bernards MyHealth Patient Portal or upon written request.

If a person with proxy access loses the legal right to have proxy access for the patient, the proxy must notify St. Bernards immediately of that change and must not access the patient's St. Bernards MyHealth Patient Portal account at any time after the proxy's legal rights to the patient's personal or health information have expired or been terminated. If the proxy attempts to access information the proxy is no longer entitled to receive, St. Bernards reserves the right to revoke or suspend the proxy's access to the St. Bernards MyHealth Patient Portal and to take any appropriate legal action.

AUTHORIZATION FOR PROXY ACCESS

I hereby authorize the above-named proxy to have access to my St. Bernards MyHealth Patient Portal account.

Patient/Legal Guardian Signature: _____ **Date:** _____

Relationship to Patient: ☐ Self ☐ *Legal Guardian / Power of Attorney / Conservator

* If anyone other than the patient is signing this authorization, then legal documentation must accompany the request.

PLEASE RETURN FORMS VIA EMAIL OR FAX:

Email: patientportal@sbrmc.org

Fax: (870) 207-6538

FORMS CAN BE MAILED OR DELIVERED TO:
St. Bernards Medical Center
Attn: Medical Records
225 E. Washington Ave.
Jonesboro, AR 72401