SPOC8190

St. Bernards MyHealth Patient Portal
Minor 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? _____

Proxy access will only be granted to persons with parental rights or legal guardianship over the patient and only to the extent that the party requesting proxy access can demonstrate the legal right to that patient's medical information. Proxy access will only be granted with respect to accounts for patients age 14 and over if the patient is present at the time of such request and the patient executes an acknowledgement form with respect to the proxy access.

If you have proxy access and your legal right to obtain proxy access for the patient changes, you must notify St. Bernards immediately of that change and must not access that patient's St. Bernards MyHealth Patient Portal account at any time after your legal rights to the patient's personal or health information have expired or been terminated. St. Bernards reserves the right to revoke proxy access at any time for any reason. Minor patients who have a personal St. Bernards MyHealth Patient Portal account do have the ability to terminate proxy access in the patient's St. Bernards MyHealth Patient Portal account settings.

St. Bernards reserves the right to collect, examine or make copies of any information it considers necessary to determine whether legitimate proxy rights exist and to deny eligibility if this information is lacking. St. Bernards reserves the sole right to determine whether proxy eligibility exists and to whom it will grant proxy access rights.

A patient 13 or older may request a personal St. Bernards MyHealth Patient Portal account. When the patient reaches the age of 18 or obtains a court order of emancipation, all proxy access will be discontinued and/or denied.

There are certain types of medical information that a parent or legal guardian of a minor may be restricted from viewing under various State and Federal laws, and proxy access to this medical information may be denied.

AUTHORIZATION FOR PROXY ACCESS

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

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

Relationship to Patient: ☐ Parent ☐ *Legal Guardian / Other

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

***Patient Signature:** _____ **Date:**_____

* A patient signature is only required for minor patients, who are age 14 and older.

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