

PROXY REQUEST

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To receive proxy access to the Stillwater Medical patient portals, you must complete this form and return it to the Health Information Services Department at Stillwater Medical Center. You will need to bring a government-issued photo ID and, if applicable, any legal documents granting legal representative status. Please complete one form for each patient.

PATIENT INFORMATION:			
PATIENT NAME: LAST, FIRST, MIDDLE INITIAL		SEX:	DATE OF BIRTH
STREET ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL ADDRESS:			
DESIGNATED PROXY:			
PROXY NAME: LAST, FIRST, MIDDLE INITIAL		SEX:	DATE OF BIRTH
STREET ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL ADDRESS:			
RELATIONSHIP TO PATIENT: <input type="checkbox"/> Parent of adolescent child (13-17) <input type="checkbox"/> Legal Representative* <input type="checkbox"/> Caregiver <input type="checkbox"/> Other, please specify: _____			

I authorize Stillwater Medical to grant access to or share my medical information to my proxy.

I understand:

- this request for access to my patient portal may include reproductive (or potentially related) reproductive health care information and my medical information related to the treatment, diagnosis, or prevention services related to pregnancy, affliction with any reportable communicable disease, drug and substance abuse or abusive use of alcohol.
- the parent or legal guardian access will be automatically removed on the minor's 13th birthday per the Stillwater Medical Patient Portal Terms of Use.
- if the minor desires parental or legal guardian access to their patient portal beyond their 13th birthday, the minor must complete the Proxy Request Form as though they were an adult. (18 years of age)
- proxy access will remain in effect unless revoked in writing per Stillwater Medical Patient Portal Terms of Use.
- we will not automatically discontinue this proxy access when you reach the age of majority (18 years of age.) You will need to manually remove or notify Stillwater Medical of your desire to remove access.
- the Patient Portal may not reflect the complete contents of my medical record and will contact the Health Information Services dept above if additional information is needed.
- execution of this form may be used to authorize the release of my medical record in any other method or form to the designated proxy only.
- once my proxy has accessed my information, my proxy may potentially re-disclose my portal information, which will no longer be protected by federal privacy regulations or Stillwater Medical.
- if my relationship with the proxy changes, I must inform Stillwater Medical immediately by written notice. I may revoke this Proxy's access at any time by written notice to Stillwater Medical Center.
- my revocation will not affect any disclosures that were made prior to processing the revocation request.

PATIENT DESIGNATION By signing below, I acknowledge I have read and understand the above statement and choose to designate the person named above as my proxy allowing access to my Stillwater Medical patient portal account.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE:	DATE:	TIME:
PRINTED NAME:	RELATIONSHIP TO PATIENT	

PROXY ACCEPTANCE:

By signing below, I acknowledge I have read and understand the above statement and agree to the portal terms of use.

PROXY SIGNATURE:	DATE:	TIME:
PRINTED NAME:	RELATIONSHIP TO PATIENT	

*Attach legal documents granting legal representative status such as guardianship appointment or power of attorney for healthcare decisions.