

ChristieClinic
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Champaign, IL 61820
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Patient Portal Proxy Access Request and Authorization



Account #: _____

Patient Information

Patient Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone Number: _____

I authorize Christie Clinic to allow the person named below (“my proxy”) to have access to my patient portal account. Information in my patient portal will be available to my proxy upon completion of this Authorization, which may include information related to mental health treatment, sexually transmitted diseases, HIV/AIDs, genetic testing, and records related to alcohol and substance abuse. **I understand that if there is information that I do not want my proxy to see, then I should not sign this Authorization.**

I understand that once information has been disclosed to my proxy, it may potentially be re-disclosed by my proxy and the disclosed information may not be protected by state or federal privacy laws. I agree that Christie Clinic and its agents are not responsible for my proxy’s use or publication of information accessed through my patient portal. I understand that authorizing my proxy to have access to my patient portal is voluntary. I understand that I do not need to sign this Authorization to assure treatment.

I understand that I may revoke this Authorization at any time and my proxy’s access to my patient portal will be terminated. I understand that I must do so in writing and give my revocation to the Health Information Services Department. For minors, the Authorization is valid until my 18th birthday unless I submit a written request to revoke proxy access to Christie Clinic’s Health Information Services Department. I understand that a revocation is not effective for uses and disclosures of my medical information that have already been made or other actions that have been taken in reliance on this Authorization or as required by law. I understand that I am entitled to a copy of this Authorization.

Proxy Information

Proxy Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone Number: _____

Patient Signature (not required for patients under age 12)

I understand and agree to the terms and conditions of this Authorization. By signing below, I designate the person named above as my proxy and allow my proxy access to my Christie Clinic patient portal.

Signature of Patient/Authorized Representative

Date

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Proxy-Access Request

Check the best description of the requested proxy access:

<p>Adult Patient Access to another adult’s patient portal information: This section also applies to emancipated minors who have provided proof of emancipation.</p> <p>Select One My relationship to the patient is:</p> <p><input type="checkbox"/> Capable Adult Patient The patient must sign this form to provide authorization release of patient-portal information. Authorization for Proxy access is valid until revoked in writing by the patient.</p> <p><input type="checkbox"/> Legal Guardian of or Health Care Agent for an Adult Patient. Select the option that best describes the relationship</p> <p><input type="checkbox"/> Legal guardian <input type="checkbox"/> Power of attorney for health care</p> <p>If you are the legal guardian or an agent under a health care power of attorney, you must provide a copy of the guardianship letters of office or executed healthcare power of attorney verifying your authority to have access to the patient’s medical information. You must notify Christie Clinic of any changes in that authority.</p>	<p>Minor Patient Individuals requesting Proxy access must have parental or legal guardianship rights. My relationship to the minor is:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian of the patient. Requires attachment of guardianship letters of office verifying the Proxy’s status as patient’s legal guardian.</p> <p>Select one</p> <p><input type="checkbox"/> Adult-Minor Patient (Age 0-11) You will be granted access to your child’s record until the patient reaches the age of 12. When the patient reaches the age of 12, parental or guardian access will automatically be turned off.</p> <p><input type="checkbox"/> Adult-Minor Patient (Age 12-17) Parental access to records of a patient age 12 to 17 is permitted only with the written consent of the child. Authorization for Proxy access given between the ages of 12 and 17 is valid until revoked by the patient in writing or until the patient turns age 18.</p>
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Proxy Signature

By signing below, I acknowledge and agree that I will use my own patient portal account to access the patient’s portal information and that I will comply with all usage requirements and terms and conditions of use for the Christie Clinic patient portal, including but not limited to my agreement not to share login or password information, to establish a confidential login name and password, to maintain all data in a secure manner, and to ensure that my email address is current at all times. I understand that if my e-mail is not current, I will not receive notification of messages sent to me regarding this patient. I acknowledge that access to the Christie Clinic patient portal is provided as a convenience to patients and their authorized representatives and may be revoked at any time for any reason.

 Signature of Proxy

 Date

 Relationship to Patient (legal guardian, power of attorney, parent, etc.)