SENTARA
RMH Medical Group

My RMH Medical Record Patient Portal Proxy Access

For your security and privacy, complete this form and submit to your doctor's office in person.

- A proxy is a person authorized to act on your behalf.
- A spouse, adult child, or a caregiver may be granted full access to your medical records with proxy access.
- You must be an adult (18 or over) to request a My RMH Medical Record Patient Portal login.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient.
- Authorization for proxy access to a child's account is valid until the child turns 14.

1. **Patient Information:** (Patient to which proxy access is required.)

Patient Name_____ Birthdate _____ Home Phone_____
Address_____

Social Security #_____ Email _____

Primary Physician _____Primary Practice _____

2. **Proxy Information:** (Person wishing to access patient information by proxy)

Proxy Name _____ Birthdate _____ Home Phone _____

Address _____

Social Security #_____ Email _____

Do you have an active My RMH Medical Record Patient Portal account? _____

Have you been a patient at a Sentara RMH Medical Group facility? _____
Relationship to patient:

____Custodial Parent _____ Legal Guardian _____ Spouse
____ Non-Custodial Parent _____ Durable Power of Attorney for Healthcare (DPOA)
____ Caregiving for Senior Parent _____ Other (please specify) _____

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize RMH Medical Group to release medical information via My RMH Medical Record Patient Portal to: The designated proxy named above. **The following information is to be released:** Any and all information as allowed through My RMH Medical Record Patient Portal.

- I understand that I have a right to revoke this authorization at any time through My RMH Medical Record Patient Portal User Grants Settings.
- I understand that revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Sentara RMH Health Information Management.
- I understand that this authorization must be completed and signed in order to be considered valid, and activation of the My RMH Medical Record Patient Portal Proxy access feature must occur within thirty days from the date of this authorization.

_____

Signature of Patient/Authorized Person | Authorized Person's Authority to Sign (Parent, guardian, DPOA, etc.) | Date/Time

Reason patient is unable to sign: _____ Minor Other:_____

_____

Signature of Proxy | Date/Time