



Patient Portal & Proxy Access Request Authorization Form
 Medical Records Fax: 360-346-2161 | Medical Records Phone: 360-346-2264
 Grays Harbor County Public Hospital District No. 1

Patient Information			
Last	First	MI	Date of Birth
Address		City	State Zip
Phone		Email	
Patient/Parent: <i>By signing below, I acknowledge and agree that I will comply with the terms and conditions on the Patient Portal Terms and Conditions page and this document.</i>			
Patient, Parent or Legal Guardian Signature (Required)		Relationship to Patient (Required)	Date
Proxy Information: <i>(Person to whom you authorize SPMC to release the Patient Portal record)</i>			
Last	First	MI	Date of Birth
Address		City	State Zip
Phone		Email	
Does the proxy have an active Patient Portal account? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the proxy ever been a patient at SPMC? <input type="checkbox"/> Yes <input type="checkbox"/> No Please complete the box below which best describes the proxy access requested <i>(note that for all types of proxy access, the patient's chart will be accessed through the proxy's patient portal account).</i>			
Adult Patient: <i>This grants access to another adult's Patient Portal record (this section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation).</i>			
<input type="checkbox"/> Adult-Capable Adult Patient <i>(The patient should sign this form to provide authorization for release of their medical information. Authorization for proxy access is valid until revoked by patient)</i> <input type="checkbox"/> Legal Guardian of Adult Patient <i>(Adults who have a surrogate relationship with another adult through a legal agreement)</i> <i>Guardianship type: _____</i> <input type="checkbox"/> Legal Guardian <i>(court order)</i> <input type="checkbox"/> Power of Attorney for Health Care <input type="checkbox"/> Other: _____ <i>(If you are the legal guardian or you have a durable power of attorney for health care for this patient, this request must be accompanied by a copy of the legal paperwork verifying your authority to have access to the patient's medical information. You must notify SPMC immediately of any change in authority.)</i>			
Minor Patient: <i>This grants access to your minor child's patient portal record (individuals requesting access must have parental rights or legal guardianship rights).</i>			
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Permanent Legal Guardian <i>(Must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship verifying the Proxy's status as permanent Legal Guardian of the patient).</i> <input type="checkbox"/> Adult-Child Age 0-12 Patient <i>(You will be granted full access to your child's record until the child turns 13 years old.)</i> <input type="checkbox"/> Adult-Child Age 13-17 Patient <i>(SPMC requires patients ages 13-17 to specifically indicate whether they permit their parent(s) or guardian(s) to have access to the patient's medical information specifically protected under state laws. This includes reproductive, STD, mental health and substance abuse information by signing a separate agreement form. When the patient is 13 years old, parental access will be turned off.)</i>			
By signing below, I acknowledge and agree that I will be using my own Patient Portal account to access the patient's Patient Portal account; I will comply with the terms and conditions on the Patient Portal Terms and Conditions and that the patient can revoke, my access to his/her Patient Portal account at any time.			
Proxy Signature (Required)		Relationship to Patient (Required)	Date