

DVCH Patient Proxy Form

DVCH's patient portal is called NextMD and provides our patients with secure access to their medical records. Some patients may wish to grant access to their medical records to another person. We call this a Patient Proxy.

If you are 18 or over and wish to appoint a Patient Proxy, please complete the form below. This form is also for patients 13 and under, as their parent(s) or legal guardian(s) may access the child's record.

This form is two-sided. Please sign on back - Please review the terms and conditions on the reverse side and sign at the bottom of the reverse side. When finished, please return this form to a DVCH staff member. Thank you.

Patient Proxy Information – Legal Guardian or Patient Over 18: (Be sure to provide all Information including e-mail)

Name _____	Date of Birth ____/____/____
Home Address _____	City: _____
State _____ Zip _____	Phone Number _____
Email Address (print clearly) _____	

Patient Information – Patients under 13 or consenting patients over the age of 18 granting access to a proxy:

*Consenting patients over 18 – by signing, you have read and agree to the terms listed on the reverse side of this form

Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to proxy - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to proxy - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to proxy - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to proxy - Patient signature here: _____ Date _____	

****Patient proxy Signature Required on Reverse Side****

For any questions related specifically to the Patient Portal, stop by the health center. Our staff will assist you.

Medical Records Staff: Please scan document under Category: *Consents*; Document Type: *Portal Proxy Consent*

DVCH Patient Portal Proxy Terms and Agreement

1. I understand that the Patient Portal is not to be used in the event of medical emergencies. In the event of an emergency, emergency medical services should be contacted immediately.
2. I understand that the Patient Portal is intended as a secure online source for confidential medical information.
3. I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner and to change my password if I believe it may have been compromised in anyway.
4. I understand that the Patient Portal contains *select* medical information from a patient's medical record and that the Patient Portal does not reflect the complete contents of the medical record. I further understand that the Portal contains information from the DVCH offices that use DVCH's electronic health record system, and that the patient proxy will be able to access information from those physician offices. Such information may include information associated with HIV, mental health, drug and alcohol treatment.
5. I understand that by obtaining patient proxy access, the patient proxy will be permitted to do the following:
 - Request appointments for healthcare services, on the patient's behalf, with any DVCH healthcare provider that participates in the Portal.
 - View all of the patient's medical information that is available within the Portal.
 - Communicate via the portal, by phone or in person with DVCH regarding tests, treatments, medications, patient advice and administrative tasks.
6. I understand that all activities within the Portal will be tracked by computer audit and that entries will be a permanent part of the medical record.
7. I understand that access to The Portal is provided by DVCH a convenience to our patients. DVCH has the right to deactivate patient proxy access to the Portal account or that of the patient proxy at any time for any reason, including cases where DVCH reasonably believes that it is not in your best interest to continue to provide Portal access to you as a patient proxy.
8. I understand that the Portal is provided as a way for patients and caregivers to collaborate in their care. Therefore, an eligible parent/legal guardian may, with limitations, have access to their minor child's medical record through the Portal until the child reaches age 13. For reasons of patient privacy, DVCH does not offer portal access to patients or proxies from age 13 through 17.
11. I will not use NextMD patient proxy access for purposes unrelated to the care or treatment of the patient.
12. I understand the use of patient proxy access is for the care of the patient. If I no longer need to have patient proxy access, I will notify DVCH immediately.
13. I am entitled to a copy of this completed form.
14. If patient is over the age of 18, and wishes to grant access to someone other than themselves, by signing this form on the reverse side under the Patient Information section, the patient understands that the patient proxy to whom they grant access can view their medical record, make appointments for healthcare services, discuss diagnostic tests, results, current health issues and treatment recommendations (does not require informed consent) and billing matters, and the patient has read and agrees to the terms and conditions listed above.

By signing below, I acknowledge that I have read and understand this DVCH Patient Proxy Request Form and I agree to its terms and conditions. My signature is my attestation that I am the legal guardian for these patients, that I have access to their medical record and that the information provided is accurate.

➤ _____/_____/_____

Signature of Patient proxy (Required) Relationship to Patient(s) Date

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