

Authorization for Access to My Health

Use this form to request access to view another person's medical record via My Health. You will need to obtain the proper information, including signatures, to obtain access from a patient who is 13 years of age or older.

Proxy Information (Person requesting access to My Health: (please print)

PART A:

Proxy Information (Individual requesting access)

Do you currently have My Health access? Yes ____ No ____

If yes, please provide your name, date of birth, user name and skip to Part B.

Name: _____ Date _____

Address: _____

Phone Number _____ Date of Birth: _____

Email Address: _____

User Name: _____

PART B:

Proxy Information (Person requesting access to My Health): (Please print)

You will need to complete this form for each individual you are requesting proxy access for. **All patients, age 13 and over, must sign a separate form (Authorization for Proxy Access to My Health Agreement) to grant access.** This information will be reviewed, and St. Anthony or Manning may contact the patient to confirm permissions. All requests for proxy access to minors over the age of 13 will be automatically denied unless the minor signs the Authorization for Proxy Access to My Health Agreement. Existing proxy access for minors under age 13 will automatically be revoked on the minor's thirteenth birthday unless the minor signs the Authorization for Proxy Access to My Health Agreement. Patients may revoke proxy access at any time.

Patient Name	Date of Birth	Relation to Proxy

If Mailing Return Completed Form to: St. Anthony Regional Hospital, ATTN: ANALYSTS, 311 S. Clark St., Carroll, IA