Authorization to Grant Proxy Access to MLH Connect Patient Portal

Allowing another person to access and view your protected health information available on MLH Connect Patient Portal is called proxy access. A Proxy can be a spouse, partner, adult child or other trusted person with whom you want to share your protected health information. Instead of providing your Proxy with your user name and password, he/she will be set up as a Proxy on your account and will have a separate user name and password.

By granting Proxy access to your MLH Connect Patient Portal record, you understand and agree to the following:

- Your Proxy must have an email address.

- By allowing your Proxy access to your MLH Connect Patient Portal record, he/she has full access to see all of your records stored on the portal. This includes but is not limited to the following: summary of care records, hospital discharge instructions and lab and radiology results. This access may include the Proxy seeing information relating to the diagnosis and/or treatment of **mental/behavioral health, alcohol/drug abuse, reproductive health, sexually transmitted diseases, HIV/AIDS, developmental disabilities and genetic information.**

- This Authorization to grant Proxy Access to your MLH Connect Patient Portal account applies to protected health information in your MLH Connect Patient Portal account at the time the form is signed as well as protected health information that will be added to your MLH Connect Patient Portal account after the form is signed. Your permission will be in effect until you change or cancel it. If your circumstances change and you no longer want your Proxy to have access to your MLH Connect Patient Portal account, you can revoke the Proxy access at any time.

- You have the right to revoke access to the Proxy at any time. To revoke Proxy access you should make this request in writing and send the request to: Main Line Health, Health Information Management, 1991 Sproul Road, Suite 900, Broomall, PA 19008.

- Main Line Health reserves the right to revoke on-line access to protected health information at any time.

- Your designated Proxy will receive an email explaining that you have requested he/she be granted Proxy access to your MLH Connect Patient Portal account. Your designated Proxy has the option to accept or deny this request to set up a portal account. Your Proxy will subsequently receive two emails with instructions on how to gain access to your records using a portal account set up in their name.

In order for this request to be processed, you must complete pages 2 & 3 below and submit both pages to the Main Line Health Health Information Management Department. For multiple proxy assignments you must submit signed forms for each different proxy.

Please enter **<u>Patient</u>** information below:

Patient Last Name ____________________________ Patient First Name: ______________________

Patient Street Address: ____

City: _________________________________ State: _____________ Zip: _______________

Patient Date of Birth (mm/dd/yyyy): ____/____/________

Patient Phone Number (xxx-xxx-xxxx) ____

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Please enter **<u>Proxy</u>** information below:

Proxy Last Name ______________________________ Proxy First Name:______________________

Proxy Street Address: ____

City: _________________________________ State: _____________ Zip: ______________

Proxy Date of Birth (mm/dd/yyyy): ____

Proxy Phone Number (xxx-xxx-xxxx) ____

Proxy Relationship to Patient: ____Spouse ____Son ____Daughter ____Other

If Other, please specify ____

Proxy Email Address: ____

I hereby authorize Main Line Health to grant to the individual named above Proxy access to my MLH Connect Patient Portal account. I understand and agree that by granting this access, my Proxy will have access to my protected health information. I further understand and agree that if my MLH Connect Patient Portal account contains information related to **mental/behavioral health, alcohol/drug abuse, reproductive health, sexually transmitted diseases, HIV/AIDS, and genetic information, my Proxy will have access to that information.**

I have read this form and understand the requirements and procedures regarding a Proxy accessing my MLH Connect Patient Portal account. I hereby affirm that I am the patient identified above. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Authorization to Grant Proxy Access to MLH Connect Patient Portal account.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Submit this completed form to MLH HIM Department using one of the following three methods:

1. **Send paper copy via mail to:**

   Main Line Health

   Health Information Management

   1991 Sproul Road, Suite 900

   Broomall, PA 19008

2. **FAX page numbers 2 & 3 of the completed form to the MLH HIM Department at FAX Number: 610-356-3531**

3. **Email a scanned copy of the completed forms to MLH HIM at MLHePatientInfo@MLHS.org**