MedStar Health

myMedStar Patient Portal Access Authorization Form
For Use or Disclosure of Health Information

Completion of this authorization is required for both proxy access and/or minor patient self-access to the myMedStar Patient Portal. Please complete all fields and print legibly to ensure timely and accurate processing. For minor patients (under 18), requests must be made in person by the parent/legal guardian. For adult patients, requests for Proxy Access must be made in person by *either* the Personal Representative (person requesting access) or the adult patient.

Type of Access Requested (select one):

Proxy **OR** Self-access (Patients age 13-17)

- ☐ Patient under 18
- ☐ Adult patient
- ☐ Parental consent (see below*)
- ☐ Patient is an emancipated minor (attach documentation)

Relationship to patient:

- ☐ Self
- ☐ Parent
- ☐ Legal Guardian
- ☐ Health Care Power of Attorney
- ☐ Other:_____

Patient Information:

Patient Name (Last) _____ (First) _____ (MI) _____

Phone_____ SSN (*last 4 digits)* _____ DOB _____

Patient Signature _____ Time_____ Date_____

(Adult patients and patients ages 13-18 requesting sell-access)

Email address for portal account (REQUIRED)

Proxy or Parent Permission Information: (All fields required for access, except emancipated minor status)

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ DOB _____

Signature _____Time_____Date_____

(Required for minor patients)

MedStar reserves the right to require legal proof of the requestor's status as Personal Representative of the patient (e.g., photo identification, guardianship papers, power of attorney document, etc.) MedStar Health also reserves the right to revoke access at any time. Any person granted proxy access (Personal Representative) may use the patient's health information **only** to access medical information and services on the patient's behalf via *my*MedStar on line and perform other functions provided by the portal. This authorization does NOT allow the Personal Representative to (1) make other health care decisions on the patient's behalf OR (2) access the patient's health information other than via *my*MedStar online.

This authorization shall be valid until terminated in writing by the parent, guardian, Personal Representative, or patient over the age of 18. Access will be automatically restricted to information allowed by regulation for Personal Representatives when a patient reaches the age of 13. When a patient reaches age 18, all access for Personal Representatives will be removed. Personal Representatives may then re-apply with approval of the patient.

Please Note: Messages are not blocked from proxy view.

***For non-emancipated patients 13 to 17**:
Approval is granted to the above patient to access their information and perform functions provided by the myMedStar Patient Portal. This includes but is not limited to access to diagnoses, test results, medications and treatments including mental health, drug/alcohol use, HIV, sexually transmitted diseases, pregnancy, family and social history and other selected documents. Patient may also email their care provider, request medication renewals, referrals and copies of their medical chart.

MedStar Health Use Only

Patient EMPI/MRN:_____

ID Verified By: _____

ID Type provided:_____

Department/Care Center_____

Physician Name: _____

Retain supporting documents in the patient's chart.