



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

Completion of this authorization is required for proxy 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 can be made in person by the parent/legal guardian or online through the patient portal. For adult patients, requests for Proxy Access must be made in person by either the Personal Representative (person requesting access) or the adult patient.

Proxy

- checkbox Patient under 18
checkbox Adult patient

Relationship to patient:

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

Patient Information:

Patient Name (Last) _____ (First) _____ (MI) _____
Phone _____ SSN (last 4 digits) _____ DOB _____
Patient Signature _____ Time _____ Date _____
(Adult patients)

Proxy Requestor's Email Address (REQUIRED *portal invitation will be sent to this address)

Grid of 30 empty boxes for email address input.

Proxy Requestor's Information: (All fields required for access, except emancipated minor status)

Full Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ DOB _____
Signature _____ Time _____ Date _____

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 myMedStar 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 myMedStar 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 may not be blocked from proxy view.

MedStar Health Use Only

Patient EMPI/MRN: _____ Department/Care Center _____
ID Verified By: _____ Physician Name: _____
ID Type provided: _____ Retain supporting documents in the patient's chart.