Patient Portal Proxy Form

Patient Information

Last Name: _____ First Name: _____

Date of Birth (DOB): _____ Phone Number: _____

Proxy Information

Last Name: _____ First Name: _____

Date of Birth (DOB): _____ Phone Number: _____

E-mail Address: _____

Minors

For minors, age newborn to 13th birthday, a parent or legal guardian will be granted access to the minor's patient portal. On the minor's 13th birthday, this parental access will expire. Please note the age range limitation is for the patient portal *only* and does not affect the legal right a parent or legal guardian has to access a minor's medical record, as permitted by state and federal laws, by other means.

If a minor wishes to grant their parent or legal guardian access to their own portal after their 13th birthday, the minor must provide written consent. By signing this form, the minor understands their parent or legal guardian will have access to all information within their patient portal, including diagnoses and testing related to reproductive health, pregnancy, mental health, and drug and alcohol abuse.

If the parent or legal guardian is enrolled in the patient portal, access will be granted to the minor's portal (if age appropriate). If the parent or legal guardian does not have a portal, they will receive a profile setup e-mail within 1-2 days of submitting this form. The e-mail will contain a link to establish log-in information to the patient portal. If an e-mail is not received, or there are further questions, please call (620) 364-4511.

Adults

Any patient must provide written consent for any adult to have access their patient portal as a proxy user. A proxy user will have complete access to the patient's patient portal, including all available medical record information, access to refill medication, and access to communicate with the patient's care team through a messaging platform. Written consent must be provided by the patient through the completion of this form.

Medical Power of Attorney (MPOA)

An adult with medical power of attorney (MPOA) for a patient will be granted access to the patient portal as a proxy user without the need to complete this form. A copy of the patient's MPOA must be stored within the electronic medical record (EMR) of Coffey Health System (CHS) before access is granted to the proxy user.

Signature(s)

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please send to the IT Office through interoffice mail.

Patient Portal Proxy Form (Revocation)

Patient Information	
Last Name:	First Name:
Date of Birth (DOB):	Phone Number:

Proxy Information	
Last Name:	First Name:
Date of Birth (DOB):	Phone Number:

Minors

For minors, newborn through 13, a parent or legal guardian cannot be revoked as a proxy user, unless legal documentation stating the rights of the parent or legal guardian have been terminated is provided to Coffey Health System (CHS). A copy of this documentation needs to be obtained by Coffey Health System (CHS) and saved in the minor's electronic medical record (EMR).

If a minor age 13 to 17 wishes to revoke their parent or legal guardian's access to their portal after their 13th birthday, the minor must provide written consent. By signing this form, the minor understands their parent or legal guardian will be revoked of all access to the minor's patient portal.

Adults

A patient must provide written consent for proxy user to have access revoked from the patient's portal account. Written consent must be provided by the patient through the completion of this form.

Medical Power of Attorney (MPOA)

An adult with medical power of attorney (MPOA) for a patient will be granted access to the patient portal as a proxy user without the need to complete this form. A copy of the patient's MPOA must be stored electronically within the electronic medical record (EMR) of Coffey Health System (CHS) before access is granted to the proxy user.

Signature

Patient Signature: _____ Date: _____

Please send to the IT Office through interoffice mail.