

REQUEST FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)/ PROXY PATIENT PORTAL CONSENT

As a patient of Brown Clinic I request that my family or appointed representative is involved in my medical decision making process. This will allow the Medical Providers of Brown Clinic to discuss my personal health information with my designated family member(s) or representative.

Patient Information:

*Name (last, first, middle name): _____

*Date of Birth: _____ Last 4 digits of SSN: _____

*Phone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____

I give authorization to discuss/disclose my protected health information (PHI) with the following family members or appointed representative.

Name	Address	Phone Number	Choose One Option: Proxy
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

I also allow access to the Patient Portal to those family member or representative listed above, marked above.

I do NOT allow access to the Patient Portal to those family member(s) or representative listed above.

Access to a patient’s Brown Clinic Patient Portal

To request access to the Brown Clinic Patient Portal record of a patient whose medical case the proxy helps manage, please complete the remainder of this form. Completing this form will establish a Brown Clinic Patient Portal for the proxy and for the patient. Please note, that the proxy will access the patient’s records through the proxy’s access. A separate form will need to be completed for each patient and/or proxy. Please allow approximately seven (7) business days for proxy access to be established. After proxy access is established an email will be sent to the address provided. Click on the link in the email to gain access to the Brown Clinic Patient Portal.

Patient Information

Complete this section with information about the patient whose Brown Clinic Patient Portal the proxy is requesting to access.

***Required Fields**

*Name (last, first, middle name): _____

*Date of Birth: _____ Last 4 digits of SSN: _____

*Phone Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Proxy Information

This section should be completed by the individual requesting access to a patient's Brown Clinic Patient Portal.

***Required Fields**

*Name (last, first, middle name): _____

*Phone Number: _____ *Email: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Authority of Proxy:

_____ Patient is a minor under 12 years old and I am the patient's guardian. See attached paperwork which is still in effect.

_____ Patient is an incapacitated person and I am the patient's guardian. See attached paperwork which is still in effect.

_____ The patient, including patients at least 12 years old and older, has authorized my access to medical record information. See Patient section below.

_____ Other: _____

Proxy access for minors is limited to parents and legal guardians.

If proxy access is not authorized, you may request copies of the medical records by contacting Brown Clinic, Release of Information

Brown Clinic Patient Portal Access terms and agreements:

- I understand that Brown Clinic Proxy Patient Portal access is intended as a secure online source of confidential medical information. If I share my Brown Clinic access ID and password with another person, that person may be able to view any health information to which I have access through Brown Clinic Patient Portal access.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner and to change my password if I believe it may have been compromised in any way.
- I understand that Brown Clinic Patient Portal contains selected, limited medical information from a patient's medical record and that Brown Clinic Patient Portal does not reflect the complete medical record.
- I understand that my activities within the Brown Clinic Patient Portal may be tracked by computer audit and that entries I make may become a permanent part of the patient's medical record.
- I understand that access to Brown Clinic Patient Portal is provided as a convenience to its patients and that access to Brown Clinic charts may be deactivated at any time for any reason. I understand that use of Brown Clinic Patient Portal access is voluntary and I am not required to use Brown Clinic Patient Portal or to authorize a Brown Clinic Patient Portal proxy.

Proxy:

- The patient can revoke the proxy access to his/her chart at any time.
- If the patient is aged 12-17, proxy access will be deactivated on the patient's 18th birthday.
- If the patient is over the age of 18, the proxy access will deactivate 10 years after activation. You will need to contact Brown Clinic to reactivate this proxy access.
- I will comply with the terms and conditions on the Brown Clinic web page and this document.
- When my legal authority to act on behalf of the patient has been deactivated, terminated or expired, I must immediately notify Brown Clinic in writing of the revocation, termination or expiration and mail it to Brown Clinic, Attn: Health Information, 506 First Avenue SE, Watertown, SD 57201.

Proxy Signature

Date

Patient:

I acknowledge and agree that:

- I will comply with the terms and conditions on the Brown Clinic web page and this document.
- I choose to designate the person named above as a proxy to my Brown Clinic Patient Portal, thereby allowing him/her access to Brown Clinic protected health information, including but not limited to HIV/AIDS test results. I authorize release of any information contained in my Brown Clinic Chart held by health facilities utilizing Brown Clinic Patient Portal to my medical record and may include information from other facilities.
- I authorize release of this information only through my Brown Clinic Patient Portal. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by federal privacy protections.
- Participation in Brown Clinic Patient Portal and designating a Brown Clinic Patient Portal proxy is completely voluntary. I understand that I am not required to designate a proxy and I am not required to provide this authorization. I also understand that the healthcare facility does not condition any of my health treatment, payment or other services on whether I provide this information. However, I also understand that if I do not provide authorization, the healthcare facility is not permitted to provide access to my Brown Clinic Patient Portal to a proxy.
- I understand that if I no longer want the proxy to have access to my Brown Clinic Patient Portal, I may revoke his/her access in writing by sending a request to: Brown Clinic, Attn: Health Information, 506 First Avenue SE, Watertown, SD 57201. A proxy revocation form may also be found at www.brownclinic.org.
- I understand that if I revoke this authorization, my designated proxy's access to my Brown Clinic Patient Portal will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Relationship to Proxy: _____

Signature of Patient

Date

Return form to Brown Clinic, Attn: Health Information Department