AdvocateAuroraHealth BayCare Clinic

AUTHORIZATION FOR PROXY ACCESS TO WEB PORTAL

(Please print)

Patient Name: ____________________ Date of Birth: __________

Address: ______________________________

City State ZIP

Phone Number: ______________ Email Address: ______________

FOR OFFICE USE ONLY
Identity of Patient Verified: (Initials of Facility Representative) ________ Patient's Medical Record No. / EPI: ____________

Please select ONE Web Portal:

☐ MyAdvocateAurora (MyAdvocateAurora.org) ☐ myBayCare (my.baycare.net)

As used herein, the term "web portal" shall refer to the particular web portal selected above.

Please select ONE:

☐ I want to sign up for a web portal account, and to authorize a proxy to access my health information.
☐ I already have a web portal account, and want to authorize a proxy to access my health information.
☐ I do not want to sign up for a web portal account for myself, but want to sign up a proxy.

Proxy Authorization 1

I authorize the following individual to participate in the web portal as my proxy:
(Please print)

Name: ____________________ Date of Birth: __________

Address: ______________________________

City State ZIP

Phone Number: ______________ Email Address: ______________

☐ Female ☐ Male Relationship: ______________

FOR OFFICE USE ONLY
Identity of Proxy Verified: (Initials of Facility Representative) ________ Proxy's Medical Record No. / EPI: ____________

Proxy Authorization 2

I authorize the following individual to participate in the web portal as my proxy:
(Please print)

Name: ____________________ Date of Birth: __________

Address: ______________________________

City State ZIP

Phone Number: ______________ Email Address: ______________

☐ Female ☐ Male Relationship: ______________

FOR OFFICE USE ONLY
Identity of Proxy Verified: (Initials of Facility Representative) ________ Proxy's Medical Record No. / EPI: ____________

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I understand that my proxy will have the **same access** and **privileges** that I have or would have as a Web Portal account user. I understand that this allows my proxy online access to my personal health information maintained by Advocate Aurora Health and/or BayCare Clinic which may contain protected health information created by Advocate Aurora Health or entities contracted with Advocate Aurora Health(such contracted entities can be found at the following advocateaurorahealth.org/affiliates). I also understand that messages that are sent to my health care provider by my proxy may become part of **my** medical record and that all entries should be truthful, accurate and concerning **my** health issues.

I understand that all messages sent on my behalf should be non-urgent. ***For any urgent issues requiring immediate response, my health care provider should be called or I will be taken to the emergency department of a local hospital or 911 will be called.***

I understand that through the web portal, my proxy may be able to:

- View selected portions of my record such as allergies, medications, diagnostic test results and history information including records from other affiliates noted above that may share an electronic record with Advocate Aurora Health/BayCare Clinic. This may include genetic test results, HIV test results, and information regarding mental illness, alcohol/drug abuse, AIDS related illness and developmental disabilities.
- Make, review and cancel appointments for me
- Communicate with my health care provider via secure messaging regarding my medical care concerns
- Request my prescription refills
- View and make payments on my billing statements which may include mental health and alcohol/drug abuse services.

I understand that additional information and features may be made available to my proxy through the web portal, when they are generally made available to other users of the web portal, including other diagnostic test results or visit notes.

I am requesting this access so my proxy may help me with my health care decisions and take a more active role in my health care. I understand that any communication with providers through the web portal deals with only **my** health care issues and not those of my proxy, family members or friends. To effectively participate in **my** health care, **my** proxy may send and receive health information about other health conditions/issues not available through the web portal.

I understand that my proxy will need to create a unique user ID and a password. The user ID and password will give my proxy access to my personal health information. Any of my health care providers have the right to deactivate access to the web portal for any reason.

By signing this authorization, I am requesting that my proxy be given access to the web portal. I understand that my proxy will be required to sign an acknowledgement and agree to Terms and Conditions for use of the web portal. I understand that processing of my proxy's access to the web portal may take 5-7 business days after the proxy's acknowledgement is received.

This authorization is valid until I revoke it. I understand that a written request is necessary to revoke or cancel this authorization. *[Please send your written revocation request to the address below.]* However, I understand that my revocation will not be effective as to uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy law. I understand that I do not need to sign this authorization in order to receive treatment.

I understand that I have the right to inspect or obtain copies of the information being authorized for disclosure to my proxy by reviewing what is available in my web portal account or by contacting the medical record department where I receive services.

____ ____________________

Signature of Patient Date

Please mail this form to: Advocate Aurora Health - Health Information Dept.
P.O. Box 0909996, Milwaukee, WI 53209-0996

Or Fax to: 414-979-2717 • **Email address:** MyAdvocateAuroraSupport@aah.org • **Phone number:** 1-855-624-9366

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