

# Request for Electronic Access to Health Information

Please allow 3 business days for processing

Please present this form at the hospital or your clinic.

| Patient Information                 | Person who may also view patient's portal (Proxy) |
|-------------------------------------|---|
| Name                                | Name  |
| Address                             | Address   |
| Phone                               | Phone   |
| Date of Birth                       | Date of Birth                                     |
| Last 4 digits SSN                   |   |
| Email to be used for portal access: |   |

**\*\*Sign below to authorize or request proxy access\*\***

*(No signature is needed if patient is requesting access to their own portal account.)*

### For Patient Initiated Request:

I authorize the person listed above to also view my electronic health information. I understand this may include records related to behavior and/or mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics. This authorization is voluntary. I may revoke this proxy access in writing at any time.

\_\_\_\_\_  
Patient Signature Date

### For Proxy Initiated Request:

Relationship to Patient: (circle one) Parent<sup>1</sup> Durable Power of Attorney<sup>2</sup> Legal Guardian<sup>3</sup>

My signature represents that I have the legal right to this patient's health information. I understand that all proxy users may view messages and responses sent through the patient portal system.

\_\_\_\_\_  
Proxy Signature Date

### For Knoxville Hospital & Clinics Internal Use:

|               |   |
|---------------|---|
| Received Date | <input type="checkbox"/> Sent Invitation to Patient<br><input type="checkbox"/> Decline Documented in PowerChart<br><input type="checkbox"/> Missing Information – Did not send invitation<br><input type="checkbox"/> Has not been entered into computer (invitation or decline) |
| Completed by  | Completed Date  |

<sup>1</sup> Parent Proxy: On the child's 13<sup>th</sup> birthday proxy access will end. Your child then may re-authorize your proxy access, or you may provide legal documentation as proof of your right to access this information.

<sup>2&3</sup> DPOA and Legal Guardian: You must provide a copy of legal documentation as proof of your right to access this information.