

Attachment C: Sheltering Arms Institute Proxy Registration Request Form

This form must be completed by the patient and will be used to request access to your patient portal via proxy access.

Patient Information (Individual Requesting a Proxy):

Do you currently have patient portal access?

- Yes
- No

Name: _____ Date: _____

Address: _____ Phone Number: _____

Date of Birth: _____ E-mail Address: _____

Security Question: _____

Please list all persons that you are allowing to view your patient portal via proxy access. You will need to complete all fields below for each individual before proxy access can be granted. At any time, you may revoke the proxy access by contacting Sheltering Arms Institute (SAI) Cerner support at (877) 342-4357 for assistance. Your designated proxy will have access to your patient portal records until that time.

By signing the form below, you understand that records accessed by your proxy maybe be re-disclosed without your knowledge and are no longer protected by state or federal privacy regulations. Furthermore, you understand that information in the patient portal may include treatment and testing regarding drug/alcohol abuse, mental health, HIV status, genetic testing, and reproductive medicine. If you are requesting proxy access for a minor child, proxy access will automatically terminate when the child turns 18 years old or becomes legally emancipated. (Note: Please refer to specific state laws for appropriate age.)

Proxy Name	Date of Birth	Relation to Patient	Proxy's E-mail Address	Patient Signature (Parent/Legal Guardian if Patient is a Minor or Legal Representative)	Date

OFFICE USE ONLY: ID VERIFIED: _____ DATE RECEIVED: _____

DATE COMPLETED: _____ INITIAL: _____