



**Northern Valley
Indian Health**
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Proxy Access Request and Authorization

To request access to another patient's web portal record, please complete all pages of this Proxy Access Request and Authorization form and present to your clinic registration staff. Proxy access to the patient's NVIH Patient Portal will be through your NVIH Patient Portal account.

SECTION 1

A. Patient Information:

Patient Name: _____ DOB: _____ HRN _____
(Please print)

Street Address _____ City, State _____ Zip Code _____

Phone Number: _____ Date of Birth: _____ last 4 digits of SS# _____

Email address: _____

B. Proxy Information:

Proxy Name: _____
Last First Middle Initial

Street Address _____ City, State _____ Zip Code _____

Phone Number: _____ Date of Birth: _____ Last 4 digits of SS# _____

Email Address: _____

Does the proxy have an active NVIH Patient Portal account? Yes No



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C. Please check the boxes below that best describes the proxy access requested and follow the instructions.

Adult Patient	Minor Patient
<p>Access to another adult’s patient web portal information:</p> <p><i>(Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.)</i></p> <p>Select One:</p> <p><input type="checkbox"/> Adult Proxy-Adult Patient</p> <p>The patient must sign this form to provide authorization for proxy access to the patient portal and release of medical information. Authorization for proxy access is valid until revoked in writing by the patient. <i>Complete Sections 1, 2, and 3 of this form.</i></p> <p><input type="checkbox"/> Legal Guardian or Health Care Agent of an Adult Patient</p> <p>Select the option that best describes the relationship:</p> <p><input type="checkbox"/> Legal guardian</p> <p><input type="checkbox"/> Power of attorney for health care</p> <p>Requires attachment of legal papers such as letter of guardianship or executed healthcare power of attorney verifying your authority to have access to the patient’s medical information. You must notify NVIH of any changes in that authority. <i>Complete Sections 1, 2, and 3 of this form.</i></p>	<p>Access to a minor’s patient portal web information:</p> <p>Individuals requesting proxy access must have parental or legal guardianship rights.</p> <p>My relationship to the minor is:</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Legal guardian of the patient. Requires attachment of legal papers such as letter of guardianship verifying your status as the patient’s legal guardian.</p> <p>Select one:</p> <p><input type="checkbox"/> Adult Proxy-Minor Patient (Age 0-11): You will be granted full access to the minor patient’s web portal record until the patient reaches age 12. <i>Complete Sections 1 and 2 of this form.</i></p> <p><input type="checkbox"/> Adult Proxy-Minor Patient (age 12-17): Proxy access to the records of a patient ages 12 to 17 is limited to ensure privacy for our patients in accordance with the California State confidentiality laws and the Health Insurance Portability and Accountability Act. Limited access allows secure messaging, appointment requests, access to immunization summary and allergies.</p> <p>Full access could be granted when medical conditions are appropriate and are facilitated by the patient’s care team by contacting the Medical Records department. For Minor Patients (age 12-17) who would like self-managed full access to their NVIH Patient Portal account, the patient’s care team will require verbal consent from the patient and patient’s parent/guardian before providing the patient with full access. <i>Complete Sections 1 and 2 of this form.</i></p> <p><i>Note: The limitations in place for proxy access do not affect any legal right you have to access the patient’s records by other means. To request a copy of the patient’s chart, contact the Medical Records department.</i></p>

Patient Name: _____ DOB: _____



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Patient Name: _____ DOB: _____

SECTION 2

User Acknowledgement of Terms and Conditions for Use of NVIH Patient Portal

You are requesting access to NVIH Patient Portal, which contains the online health information for you or another person. By signing below, you represent that you have the legal right to access the information contained in the patient's medical record.

1. If you are a parent or other legally authorized representative of the patient, you certify and represent that no court has terminated your parental or legal rights with respect to the patient or otherwise restricted your access to the patient's information.
2. Parents or guardians of children age 0–11 must complete the enrollment process in person. Birth or adoptive parents must present photo identification and sign this form acknowledging that they have a right to the child's health care information. If you are not the birth or adoptive parent of the child, you must present legal paperwork (such as a court order or medical power of attorney) proving you are the legally recognized caregiver for the child.
3. Parent or guardians of minors age 12 to 17 may apply for full proxy access in certain circumstances when the patient's medical conditions are appropriate (e.g., developmental delays or other mental disabilities) and the patient's care team agrees. You understand that full proxy access may be denied at the discretion of the patient's care team or as required by law. The patient's care team may require verbal consent from the minor patient and parent/guardian before full access is provided. This consent may be required annually.
4. I acknowledge that minor patients age 12 to 17 may be granted full access to their NVIH Patient Portal account. Such access will allow the minor patient to will see parts of their medical record, including potentially sensitive information such as adoption history or diagnoses not yet shared. You may wish to discuss these topics with the minor before authorizing access to the medical record.
5. By using NVIH Patient Portal, you affirm your acceptance of NVIH Patient Portal's Terms and Conditions and agree to comply with them now and throughout the period of your use of NVIH Patient Portal. If you do not agree to the Terms and Conditions, do not proceed to use NVIH Patient Portal.
6. You understand that NVIH Patient Portal contains selected, limited medical information from a patient's medical record and that NVIH Patient Portal does not reflect the complete contents of the medical record. You also understand that a copy of a patient's medical record may be requested from the Medical Records department.



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- 7. You agree that it is your responsibility to select a confidential password, to maintain your password in a secure manner, and to change your password if you believe it may have been compromised in any way.
- 8. You understand that your activities within NVIH Patient Portal may be tracked by computer audit and that entries you make become part of the patient’s legal medical record.
- 9. You understand that access to NVIH Patient Portal is provided by NVIH as a convenience to its patients and that NVIH has the right to deactivate access to NVIH Patient Portal at any time for any reason. You understand that use of NVIH Patient Portal is voluntary and you are not required to use NVIH Patient Portal or to authorize a proxy. NVIH reserves the right to revoke access to NVIH Patient Portal at any time.
- 10. By signing below, you acknowledge that you have read and understand this acknowledgement form and you agree to its terms.

Proxy Signature (Required)	Relationship to Patient (Required)	Date (Required)
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Patient Name (Required)	Date of Birth (Required)	Date (Required)
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