This form is to be used for Patient Portal Access Requests placed by: 1) Parents 2) Legal Guardians and 3) Adult Proxy

PATIENT INFORMATION

PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY	GENDER:
ADDRESS:		
CITY:	STATE/PROVINCE:	ZIP CODE:
EMAIL ADDRESS: ☐ NA	HOME PHONE:	MOBILE PHONE:

Please select the box(es) below that best describes the patient portal access/proxy access requested
For all access types, the patient's chart can only be accessed through the proxy's Patient Portal account.

CHILD PATIENT (age 0-11)

Access to patient age 0-11 Patient Portal record.

❖ Individuals requesting access must have parental rights or permanent legal guardianship

❖ Form must be signed

Relationship of Proxy to Patient is:

☐ **Parent** (Photo ID Necessary & status documented in medical record or legal document)

☐ **Permanent Legal Guardian** (Photo ID Required & Copy of Court Order Appointing Guardianship) required

ADULT PATIENT – Adult patient to any Adult (18+) Access

☐ **Full Access** – access to all clinical information, schedule appointments, message providers and refill medications (can be granted by patient without submitting form via portal)

☐ **Legal Guardian Access** – document with Permanent Legal Guardian (Photo ID Required & Copy of Court Order Appointing Guardianship Required) all access that the patient has (can be granted by patient without submitting form via portal or granted by HIM via form)

☐ **Read Only Clinical Access** – only read clinical information, will not have access to messaging or scheduling features or refill medications (can be granted by patient without submitting form via portal or granted by HIM via form)

☐ **Schedule & Message Access** – schedule appointments & message providers only, cannot read clinical information (can be granted by patient without submitting form via portal or granted by HIM via form)

LIFETIME INCAPACITATED ADULT PATIENT – Adult patient to any Adult (18+) Access

❖ Form must be signed

Relationship of Proxy to Lifetime Incapacitated Adult Patient is:

☐ **Proxy/Surrogate** – Power of Attorney or Health Care Surrogate (specifying makes health care decisions) required

☐ **Permanent Legal Guardian** – Legal Guardian (Photo ID Required & Copy of Court Order Appointing Guardianship) required

PROXY INFORMATION

PROXY NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY
ADDRESS:	
CITY:	STATE/PROVINCE: ZIP CODE:
EMAIL ADDRESS:	HOME PHONE: MOBILE PHONE:

BAPTIST HEALTH

PATIENT PORTAL ACCESS REQUEST – CHILD PROXY OR ADULT PROXY

PATIENT LABEL

1967

PARENT/LEGAL GUARDIAN ATTESTATION

By signing below, I acknowledge and agree that:

- I will be using my own My Baptist Chart account at Baptist Health to access the Patient's account.
- I will comply with the terms and conditions on the My Baptist Chart web page (located at **My.BaptistChart.com**) and this document.
- I will keep my password confidential and not share this information with anyone.
- I have parental rights or legal guardianship rights to access this Patient's record (age 0-11).
- **I am NOT a foster parent or stepparent of this Child.**
- There are no court orders or restraining orders in effect limiting my access to this Patient's medical records and/or information.
- I will notify Baptist Health in writing immediately if my Relationship with the Patient changes (for example, if I am no longer the Legal Guardian of the Patient).
- Communications on behalf of the Patient through My Baptist Chart must be sent from the Patient's record and responses will be received in the Patient's record. My Baptist Chart e-mail alerts will be sent to the e-mail address entered under Proxy Information.
- There are age range limitations for My Baptist Chart. These age range limitations do not affect any legal right I have to access the Patient's record by other means. Copies of the record are available to authorized requestors (subject to other Baptist Health policies) by contacting the Hospital Health Information Management Department or the front office staff at the physician's office.
- For a child age 0 to 11, the Proxy will be granted access to the Child's My Baptist Chart. For our portal to fully comply with certain restrictions in Florida privacy laws, parents of patients 12-17 years will be granted partial access to their Child's portal account. Proxy automatically transitions to Adult-to-Adolescent Access at 12 AM the day of the Adolescent's 12th birthday, with access to scheduling appointments, messaging if parent initiated messaging, immunizations. At age 18, the Proxy will lose access to the patient's My Baptist Chart account & will need to fill out a consent form for access.
- I, as the legal proxy and guarantor for 0-11 and 18+, will have the ability to view, pay bills and receive financial assistance, payment plans, and set up autopayment.
- Adolescents (age 12-17) will be granted access to the My Baptist Chart unless a parent requests that the minor's access be restricted or denied.
- Removal of parental proxy access occurs when emancipated minor status is validated.

_____   _____   _____   _____
Signature of Parent/Legal Guardian   Relationship to Patient   Date   Time

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Submit Form:

DELIVER PAPERWORK IN PERSON OR MAIL FORM TO: Baptist Health, HIM Department, ATTN: Patient Portal, 3563 Philips Highway, Building B-201, Jacksonville, FL 32207 OR to your Baptist Health Physician Practice.

Note: This form is **ONLY to be completed by parents, legal guardians, or adult proxy. For Adult patients who wish to participate in the portal, you may sign up during your visit or receive an activation code on your after visit summary. This code will enable you to login and create your own user ID and password. You may access your MyChart account by logging on to **my.baptistchart.com**. If you were not issued an activation code, you can request one directly from the MyChart website.

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