

Patient Portal Proxy Access Request and Authorization Form

This Access Request and Authorization Form is used to grant a parent, legal guardian or other legally authorized individual (“Parent/Guardian”) access to certain medical information of a minor patient via the East Greenwich Pediatrics Patient Portal, as permitted by Federal and state law. Please review this form carefully and complete signature page. A Parent/Guardian granted access pursuant to this form shall be referred hereunder as the Proxy.

Requirements and Procedures:

- The Proxy must have legal rights to act as Parent/Guardian and must provide evidence of such rights to East Greenwich Pediatrics upon request.
- The Proxy must complete and sign this Access Request and Authorization

I understand that:

- The Patient Portal at East Greenwich Pediatrics is intended as a secure online source of confidential medical information.
- The Patient Portal is never to be used in an emergency or for an urgent matter. It is always best to CALL the office if your child is sick, needs an appointment, or you have an urgent question.
- I must select a confidential password, maintain my password securely and change my password if I believe it may have been compromised in any way. The log in and password should not be shared.
- The Patient Portal contains selected, limited medical information from a patient’s medical record and is not the complete medical record.
- My activities within the Patient Portal may be tracked by computer audit.
- Access to the Patient Portal is provided as a convenience to its patients and East Greenwich Pediatrics has the right to deactivate access at any time for any reason. My access to a child’s record will be terminated by East Greenwich Pediatrics when:
 - The child, other Parent or Guardian or I submits a request to revoke such access
 - The child turns 13 years old
 - The patient transfers out of the practice
 - Disputes between Parents/Guardians and Parents/Guardians or between Parents/Guardians and the child pertaining to access rights granted pursuant to this Access Request and Authorization Form cannot be resolved.
- Communications on behalf of my child must be sent through the Patient Portal from my child’s record. Responses will be received in my child’s record.

Completing this form will establish a Patient Portal at East Greenwich Pediatrics record for the patient and Proxy (parent/guardian). After completing this form you should receive an email within a day which will instruct you in how to set up portal access.

PATIENTS TO BE ENABLED FOR PROXY ACCESS:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PROXY (PARENT/ GUARDIAN): I am requesting access to the medical information available to me on the Patient Portal at Health Center for the patient(s) named above, as permitted by Federal and state law, and agree to abide by the above terms and conditions of the Patient Portal at East Greenwich Pediatrics.

Proxy Name: _____ Relationship to patient: _____

Proxy Signature: _____ Date: _____

Email: _____