



My LLU Health Designated Proxy Access Form ADOLESCENTS (Ages 12-17)

A Designated Proxy is an individual you authorize to have access to your health information via *My LLU Health*. The Designated Proxy will be assigned the “Standard Proxy Access.” Designated Proxies assigned “Standard Proxy Access” rights will have access to restricted health information and will not be able to view information such as lab results, information related to recent medical visits and medications. Please ask staff at your provider's office for a detailed list of features visible for those with “Standard Proxy Access.” Although your Designated Proxy will be able to communicate with your provider, this authorization does not allow the Designated Proxy to make certain health care decisions on your behalf.

If you would like to designate your parent or legal guardian to serve as your Designated Proxy, thereby granting them access to your medical record on *My LLU Health*, please complete this form. A *My LLU Health* Designated Proxy form should not be completed for parents where court orders or restraining orders are in effect limiting their access to the patient’s medical record and/or information.

Patient Name: _____
Last First MI

SSN: _____ Date of Birth: _____ Phone: (____) _____
Last 4 Digits

Designated Proxy Name: _____
Please print

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Date of Birth: _____

Email of Designated Proxy: _____

Relationship: Parent Permanent Legal Guardian-Legal guardianship documents must be in the record

***If AIDS/HIV, sexually transmitted diseases, genetic testing, reproductive care, Drug/Alcohol use and Mental Health records are present on *My LLU Health*, the Designated Proxy may be able to view that information.**



By signing below, I acknowledge and agree that:

- The Designated Proxy has parental rights or legal guardianship rights to access my record.
- There are age range limitations for *My LLU Health*. These age range limitations do not affect any legal right the parent or legal guardian has to access my record by other means. Access to or a request for a paper copy of my medical record may be accomplished by contacting the Health Information Management Department.
- On my 18th birthday, my Designated Proxy will no longer have access to my *My LLU Health* record.
- Signing this form is voluntary. I understand that LLUH will not condition treatment, payment, enrollment or eligibility of benefits on whether I sign this authorization.
- I will receive a copy of this authorization.

This authorization shall be valid until my 18th birthday. I understand that if I wish to terminate this authorization, I may access my *My LLU Health* account, choose *Profile tab*, click on *Personalize*, select the Designated Proxy's access I would like to terminate, and click on *Revoke Access*. I may also contact the MyChart Customer Care Center at 877-558-0090 to terminate a Designated Proxy's access. The termination will not apply to information that has already been posted in My LLU Health in response to this authorization.

I understand that information viewed by my Designated Proxy on *My LLU Health* as a result of this authorization may be re-disclosed by my Designated Proxy and if re-disclosed may not be protected by state and/or federal privacy laws.

Patient Signature: _____

Date: _____

-----INTERNAL USE ONLY-----

Designated Proxies assigned "Full Proxy Access" rights will be able to view the same information Adolescent patients can view in *My LLU Health* except for services where Adolescent can consent and are deemed confidential by California State Law. Providers should discuss the detailed list of items Designated Proxies with "Full Proxy Access" are granted before changing the authorized access level.

Granting of "Full Proxy Access" rights reviewed and approved by: _____

Patient Signature: _____ Date: _____