



LOMA LINDA UNIVERSITY

HEALTH SYSTEM

***My LLU Health* Designated Proxy Access Form  
ADULTS (18 and Older)**

**\*Incomplete authorizations will not be considered valid**

A Designated Proxy is an individual you authorize to have access to your health information via *My LLU Health*. There are two Designated Proxy levels you are able to choose from: “Standard Level Access” and “Limited Level Access.” Designated Proxies assigned “Standard Level Access” rights will be able to view the same information you are able to view in *My LLU Health* and will also be able to schedule appointments on your behalf. Designated Proxies granted “Limited Level Access” will have access to limited health information and will not be able to view information such as lab results, information related to recent medical visits and medications. Please see your provider for a detailed list of items Designated Proxies with “Limited Level Access” are restricted from viewing.

If you would like to designate someone to serve as your Designated Proxy, thereby granting them access to your medical record on *My LLU Health*, please complete this form and indicate the level of access you wish to grant.

Standard Level

Limited Level

Patient Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last 4 Digits

I hereby authorize Loma Linda University Health System (LLUHS) to grant access to the health information available on *My LLU Health* to the following individual:

Designated Proxy Name: \_\_\_\_\_  
Please print

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Note: This authorization does not allow the Designated Proxy to make health care decisions on your behalf.



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Email of Designated Proxy: \_\_\_\_\_

Relationship:  Spouse    Domestic Partner    Adult Child (18 years or older)    Caregiver  
 Conservator    Other \_\_\_\_\_  
Please Specify

The Designated Proxy may only access medical information available on *My LLU Health*.

**\*I understand that if information regarding AIDS/HIV, sexually transmitted diseases, genetic testing, Drug/Alcohol use and Mental Health records are present on *My LLU Health*, the Designated Proxy may be able to view this information depending on the level (Standard or Limited) of proxy access they have been granted.**

I understand that if I wish to terminate this authorization, I may access my *My LLU Health* account, choose *My Family's Records*, click on *Family Access Settings*, select the Designated Proxy's access I would like to terminate, and click on *Revoke Access*. I may also contact the 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.

Signing this form is voluntary. I understand that LLUHS will not condition treatment, payment, enrollment or eligibility of benefits on whether I sign 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. By entering into this agreement, I understand that I have the duty to inform my Designated Proxy that he/she is responsible for protecting the confidentiality of this information and comply with state and federal privacy laws that may prohibit the re-disclosure of my health information without my express written authorization, including but not limited to federal law prohibiting the re-disclosure of health information regarding alcohol and drug abuse referral and treatment.

**Patient Signature or Legal Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal Representative Name:** \_\_\_\_\_  
Please Print

**Relationship to Patient (Legal Representative):** \_\_\_\_\_

*Legal documents may be required if indicating Legal Representative*