

Authorization to Allow Proxy Access to Health Information in the Intermountain Health Patient Portal (UT & ID)

Authorization to allow access to the health information in the patient portal online record of:			
Patient Name:		MRN:	EMPI#
Current Address		City	State Zip
Phone Number ()		Date of Birth / /	
This authorization is to allow access to the patient portal online record by my Representative (Proxy) whose name is listed below:			
Representative's Name		Relationship to me	Phone Number ()
Address		City	State Zip
This authorization is to allow access to my health information which is available in the patient portal. The patient portal medical information comes from health care services provided by Intermountain Health.			
The purpose of this access to the patient portal online record is to allow my Representative (Proxy) to help with my health care.			
Allow my Representative (Proxy) to have access to all of my medical documents and reports displayed in the patient portal online record.			

I understand that:

- I do not have to sign this authorization; in which case my Representative (Proxy) does not get online access to my records.
- I can cancel this access at any time, for any reason, by contacting the Intermountain Health patient portal online support desk at (800) 442-5502. If I cancel this access, my Representative (Proxy) will still know the information about me that they may have accessed in the past, but no new information will be viewable to my Representative using the patient portal online record in the future. Unless cancelled, this authorization will remain in effect as long as Intermountain Health continues operations.
- Refusing to sign this authorization or changing my mind will not affect me in terms of treatment, payment, or patient benefits.
- Federal privacy rules govern Intermountain Health's usage of this information, including allowing me to request, in writing, a copy of any medical information Intermountain Health has about me that is used to make decisions about my care.
- I understand that others might learn about the information in these records from my Representative (Proxy), because my Representative is not governed by the same Federal privacy rules as Intermountain Health.
- This authorization does not allow my Representative (Proxy) to obtain any other access to, or copies of, my health records or healthcare payment records. I would need to sign an additional authorization for that purpose.

Signature of Patient or Legal Representative:	Date
If Signed by Legal Representative, Authority:	Signature of Witness (optional)

***Copy to patient, scan to EMR**

Intermountain Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo.

我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助

