Authorization for Authorized Representative Access to Patient Portal

Patient Name:_____

Patient DOB: _____

I authorize the following individual to participate in Sparta Community Hospital's Patient Portal as my authorized representative on the following portals:

☐ Hospital ☐ Quality Healthcare Clinics

(Please print)

Authorized Rep Name: _____ Relationship: _____

Date of Birth:_____

Email Address:_____

I understand that my authorized representative will have the same access and privileges that I have for the Patient Portal. I understand that this allows my authorized representative online access to my personal health information. My authorized representative will be able to view portions of my record that I am able to view. I also understand that additional information may be made available to my authorized representative through the patient portal as Sparta Community Hospital continues to implement this product.

By signing this authorization, I am requesting Sparta Community Hospital to give access to my authorized representative to utilize the patient portal. I understand that Sparta Community Hospital will require my authorized representative to sign an acknowledgment and agree to Sparta Community Hospital's policies and procedures for use of the patient portal.

This authorization is valid until revoked by me. I understand that a written request is necessary to revoke or cancel this authorization. However, I understand that my revocation will not be effective as to uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Patient Acknowledgment

_____ _____

Signature of Patient Date

Authorized Representative Acknowledgment

_____

Signature of Authorized Representative

Witness

_____

Signature of Witness

V1/15/16

Office Use Only

Profile #:_____

Pt ID verified ☐ DL ☐ Other ID ☐ Signature Check ☐ Lab Draw ☐ Other:_____ Employee:_____

Portal reset done on acct # _____ Date:_____ Time:_____ Employee:_____

HF Acct? ☐ NA ☐ Yes, portal auth rep mass change done. Date:_____ Time:_____ Employee:_____