

# REQUEST FOR PROXY ACCESS TO MYVIRGINIAMASON PATIENT PORTAL (1 OF 2)



\* = required fields

\*PATIENT (last name) \_\_\_\_\_ \*(first name) \_\_\_\_\_ \*(middle initial) \_\_\_\_\_

\*(date of birth) \_\_\_\_\_ (medical record number, if known) \_\_\_\_\_

\*AUTHORIZED USER (last name) \_\_\_\_\_ \*(first name) \_\_\_\_\_ \*(middle initial) \_\_\_\_\_

\* (address) \_\_\_\_\_ \* (city) \_\_\_\_\_ \* (state/zip) \_\_\_\_\_

\* (telephone number) \_\_\_\_\_ \* (email address) \_\_\_\_\_

\*MyVM Challenge Question (choose ONLY ONE and provide the answer below):

- First born child's birth year? \_\_\_\_\_
  Mother's maiden name? \_\_\_\_\_  
 High school graduation year? \_\_\_\_\_
  Year you were married? \_\_\_\_\_  
 Last four of your SSN? \_\_\_\_\_

**Please check one of the boxes that best describes the type of access requested.**

<input type="checkbox"/>	<p><b>A. Patient authorizing access to another adult.</b> I am a patient who wants to give access to my portal account to another adult such as my adult child, my spouse or a close friend helping to manage my health care. This form refers to the other adult as the "authorized user."</p> <p><b>Patient must</b></p> <ul style="list-style-type: none"> <li>Show approved ID</li> <li>Sign this form on signature line A</li> <li>Communicate to authorized user the challenge Q&amp;A, <i>if authorized user is not present</i></li> </ul>	<p>_____</p> <p><b>A. Signature of Patient</b></p> <p>_____</p> <p>Date</p> <p style="text-align: center;"><b>NOTE to VM Staff:</b></p> <p><input type="checkbox"/> Check here when authorized user has been enrolled. Then, send form to A-HIS-ROI</p>
<input type="checkbox"/>	<p><b>B. Legal guardian.</b> I am the legal guardian of the adult patient and seek access to his/her to portal account. This form refers to the legal guardian as the "authorized user."</p> <p><b>Legal guardian must</b></p> <ul style="list-style-type: none"> <li>Show approved ID</li> <li>Fill out the form including the challenge Q&amp;A</li> <li>Sign this form on signature line B</li> <li>Provide a copy of the letter of guardianship or court order</li> </ul>	<p>If my legal authority to act on behalf of the patient changes, I will immediately notify Virginia Mason in writing at 1100 9th Ave, Mailstop: A-HIS-ROI, Seattle, WA 98101, or by fax at (206)-223-8885. Any documents I have provided to support my right to access the patient's confidential medical information are true and correct copies and are the most recent documents related to this matter. I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.</p> <p>_____</p> <p><b>B. Signature of Legal Guardian or DPOA</b></p> <p>_____</p> <p>Date</p> <p style="text-align: center;"><b>NOTE to VM Staff:</b></p> <p>Access will be granted after review by Release of Information. Send form and legal documents to A-HIS-ROI</p>
<input type="checkbox"/>	<p><b>C. Active durable power of attorney (DPOA).</b> I am the durable power of attorney for health care for the patient and this durable power of attorney is effective because the patient cannot make health care decisions for himself or herself. This form refers to the durable power of attorney as the "authorized user"</p> <p><b>Durable power of attorney must</b></p> <ul style="list-style-type: none"> <li>Show approved ID</li> <li>Fill out the form including the challenge question</li> <li>Sign this form on signature line B</li> <li>Provide a copy of the durable power of attorney <i>related to healthcare</i> document</li> </ul>	<p>_____</p> <p><b>B. Signature of Legal Guardian or DPOA</b></p> <p>_____</p> <p>Date</p> <p style="text-align: center;"><b>NOTE to VM Staff:</b></p> <p>Access will be granted after review by Release of Information. Send form and legal documents to A-HIS-ROI</p>

PATIENT NAME & ID # \_\_\_\_\_

**VIRGINIA MASON MEDICAL CENTER – Seattle WA**  
Request for Proxy Access to MyVirginiaMason Patient Portal



# REQUEST FOR PROXY ACCESS TO MYVIRGINIAMASON PATIENT PORTAL (PAGE 2 OF 2)

1. **Permission to Disclose.** Virginia Mason is authorized to disclose the patient's confidential medical information to the authorized user through the portal.
2. **Available Information.** The authorized user will be able to view health summary, current problem list, current medications, lab results, appointment information, and certain other information. The authorized user will have access to records created before this form was signed, as well as records created after this form is signed.
3. **Full Access to Features.** The authorized user will be able to use all portal features that the patient can use. For example, the authorized user will be able to request prescription renewals, cancel or request appointments, and conduct secure messaging with the patient's health care team on behalf of the patient. These secure messages may become part of the patient's permanent medical record.
4. **Future Upgrades.** Virginia Mason may upgrade the portal in the future. These upgrades may allow the authorized user to view even more of the patient's confidential medical information or use additional portal features.
5. **Sensitive Information.** The authorized user may have access to the patient's sensitive information (if any) relating to: (a) acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, (b) treatment for drug or alcohol abuse, (c) sexually transmitted diseases, and (d) mental health or psychiatric care.
6. **Expiration Event.** This request for proxy access expires when the patient's portal account is deactivated or the authorized user's access is revoked.
7. **Revocation of Authorized User Access.** The authorized user's access may be revoked **at any time** by notifying Virginia Mason Release of Information in writing at 1100 9th Ave, Mailstop: A-HIS-ROI, Seattle, WA 98101, or by fax at (206)-223-8885. Termination will require processing time and will not be immediate.
8. **Information Already Released.** Revocation will not have any effect on information already released to the authorized user.
9. **Re-Disclosure.** If neither federal nor Washington privacy law apply to the authorized user, the information disclosed may be re-disclosed by the authorized user and no longer protected by federal or Washington privacy law.
10. **No Requirement to Sign.** The patient is not required to sign this form in exchange for receiving treatment from Virginia Mason.
11. **Deactivate Access.** Access to the patient's portal account is provided as a convenience. Virginia Mason may deactivate access at any time for any reason.

**PLEASE NOTE:**

- Patients authorizing access to another adult must show ID in order to request for proxy access. The patient may take a copy of the signed form, have the authorized user fill in required authorized user information and send to Virginia Mason Release of Information at 1100 9th Ave, Mailstop: A-HIS-ROI, Seattle, WA 98101, or by fax at (206)-223-8885.
- Patient's legal guardian or DPOA for healthcare may mail/fax this request form along with the required legal documents to the address/fax indicated above.

PATIENT NAME & ID #

**VIRGINIA MASON MEDICAL CENTER – Seattle WA**  
Request for Proxy Access to MyVirginiaMason Patient Portal