

Patient Portal Proxy Request

Patients 18 years old or older who have a Patient Portal account in Expanse may request that another adult (18 years or older) may have access to the Protected Health Information (HPI) in their medical record.

The Proxy Request Form – Patient Portal must be completed, listing the name and information of the person they wish to be given access.

The form must be read completely. By signing the form, the patient acknowledges that OZH is not responsible for any PHI discussed by the proxy with another person. It is important that the patient understands the statement.

The completed form is sent to the Health Information Department. HIM staff will review the form and, if complete, will give the proxy access. The patient will be notified and provide assistance if necessary.

Proxy Revocation

The patient may request that the proxy be removed from their Portal account.

The Proxy Revocation Form – Patient Portal is to be completed and send to the HIM Department. When the proxy is removed, the patient will be notified.

OZH is not responsible for any PHI accessed and/or discussed by the proxy prior to the revocation.

All forms will be scanned in the patient's record.



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Proxy Request Form – Patient Portal

This form must be completed by the patient and will be used to request access to your patient portal via proxy access. Patient information (individual requesting a proxy):

Do you currently have patient portal access? Yes / No

Name: _____ Date: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Please list all persons that you are allowing to view your patient portal via proxy access. You will need to complete all of the information below before proxy access can be granted. You may at any time revoke the proxy access by contacting Ozarks Healthcare at 417-256-1779 and filling out the proxy revocation form. Your designated proxy will have access to your Patient Portal records until that time. By signing the form below, you understand that records accessed by your proxy maybe be re-disclosed without your knowledge and are no longer protected by state or federal privacy regulations. You further understand that information in the patient portal may include treatment and testing regarding drug/alcohol abuse, mental health, HIV status, genetic testing and reproductive medicine. If you are requesting proxy access for a minor child, proxy access will automatically terminate when the child turns 18 years old or becomes legally emancipated.

Proxy Name: _____

Date of Birth: _____ Relationship: _____

Patient Proxy's e-mail address: _____

Patient Signature (Parent/Legal Guardian if Patient Is a Minor or Legal Representative) _____ Date: _____

OFFICE USE ONLY: ID Verified: _____ Date Approved: _____



Proxy Revocation Form – Patient Portal

This form must be completed to revoke proxy access to your patient portal.

Patient Information:

Name: _____ Date: _____

Address: _____

Phone Number: _____ Date of Birth _____

E-mail Address: _____

Please list all persons that you are revoking access to view your patient portal via proxy access. Please allow one business day after submission of this revocation request to Health Information Management (Medical Records) before the access is deactivated.

The designated proxy individual listed below will no longer have access to your patient portal records. By signing this form you understand that any records previously accessed by your designated proxy maybe released by them and may no longer be protected by Ozarks Healthcare.

Proxy Name: _____ Date of Birth: _____

Relation to Patient: _____

Proxy's e-mail address : _____

Patient Signature (Parent/Legal Guardian if Patient Is a Minor or Legal Representative)

_____ Date _____

OFFICE USE ONLY: Date Received _____ Date Revoked: _____