

Access to Another Adult's Online Medical Information

Requirements and Procedures

Adults who help manage the medical care of another adult, can access the online medical record of the patient, if the patient authorizes.

Requirements for online access to a patient's medical record:

- Individual requesting proxy access must be the legal guardian or agent/alternate for the Durable Power of Attorney for Healthcare and must have the signed authorization from the patient (see p.2)
- Individual requesting proxy access must have his/her own My RRM Health Site account

I understand that:

- I must have a My RRM Health Site account already set-up.
- I must complete a Patient Portal Invite form for the person that I am requesting access by Proxy.
- When the proxy application is approved, and I receive the Invite, I click on "Accept Invitation"
- When the site opens, I click on "No (I am not that person), but I manage (person for whom I am requesting proxy access) health."

I will:

- Complete questions regarding DOB and security question, as specified on the invite form.
- Confirm that I have legal authority to manage that patient's health information.
- Confirm that I already have an account and have signed in with my own e-mail and password.
(Under your name, you will see "Change person")
- I will now be able to toggle back and forth between my health information and the person for whom I have been granted proxy access.
- **Secure Messaging on My RRM Health Site is not to be used in an emergency**

RRM reserves the right to revoke online access to medical information at any time. A patient may revoke access to his/her account by proxy at any time by presenting at RRM Patient Access.

When signed into another person's online medical record, you will see a message at the top of the page listing the patient's name and alerting you that you are viewing their record. This will serve as a visual indication that you are in the proper record.

You will receive a My RRM Health Site in your Medical Message Center when access to the patient's record is available, typically 5 to 7 business days after the signed authorization form is received and processed.



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Authorization Form

Please enter **Patient's** information below:

Patient's Name: _____

RRMC Medical Record #: _____

Address: _____

Date of Birth: _____

Gender: Male Female

I agree to allow the individual, named below, My RRM Health Site access to my medical information currently available and that may become available as a result of future medical care. I understand I may revoke this access at any time. (This section does not have to be completed if you are the legal guardian.)

Date: _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Please enter information on the adult who is being authorized to access your online medical record below:

Name: _____

RRMC Medical Record #: _____

Address: _____

Date of Birth: _____

Gender: Male Female

Former Name(s) – e.g. maiden name: _____

Relationship to patient: Agent/Alternate for DPOA Other
 Legal Guardian

If Other, please specify: _____

Note: Access to an adult's online record is available to Agent/Alternate for DPOA, legal guardian or other specified party.

Do you (adult who is being given access) have an active My RRM Health Site account? Yes No Don't Know

I have read and understand the requirements and procedures regarding accessing a patient's medical information online as provided on the document titled "Caregiver Access to Medical Information."

I certify that all information I have provided is correct. I hereby request access to this patient's online medical record.

Date: _____ Signature of Caregiver/Proxy: _____

Date: _____ Witness Signature: _____

Please attach copy of Guardianship papers or Durable Power of Attorney for Healthcare where you are listed as agent/alternate. (HIM to scan documents to patient level under request/auth event set)