

My RRMC Health Site

Access to the Online Medical Record of a Another Adult

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.
- Individual must have the signed authorization of the patient.
- Individual requesting proxy access must have their own My RRMC Health Site account.

I understand that:

- I must have a My RRMC Health Site account currently.
- 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 the person), but I manage (person for whom I am requesting proxy access) health".

I will:

- Complete questions regarding date of birth and security question as specified on the 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 email and password.
- Now be able to toggle back and forth between my health information and the person's for whom I have been granted proxy access.
- Secure Messaging in **My RRMC Health Site is not to be used in an emergency.**

RRMC 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 RRMC Outpatient Registration.

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

You will receive a My RRMC Health Site message in your Medical Message Center when access to the patient's record becomes available. This can take up to 7 days after the signed authorization form is received and processed.



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Please enter Patient's Information below:

Patient's Name: _____

RRMC Medical Record #: _____

Address: _____

Date of Birth: _____

Gender (Circle): M F Other

I agree to allow the individual, named below, MyRRMC 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 any time. (This section does not have to be completed if you are the legal guardian).

Patient Signature: _____

Date/Time: _____

Witness Signature: _____

Date/Time: _____

Please enter Proxy/Legal Guardian Information below:

Proxy/Guardian Name: _____

RRMC Medical Record #: _____

Address: _____

Date of Birth: _____

Gender (Circle): M F Other

Phone #: _____

Email Address (associated with active My RRMC Health Site account): _____

Former Name(s), e.g. Maiden Name: _____

Relationship to Patient (Circle): Agent/Alternate for DPOA Legal Guardian Other

If Other, please specify: _____

I have read and understand the requirements and procedures for accessing this patient's medical record information online as provided on page one of this document titled, Access to Another Adult's Online Medical Information.

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

Date/Time: _____

Proxy/Legal Guardian Signature: _____

Date/Time: _____

Witness: _____

Please attach a copy of Guardianship or Durable Power of Attorney for Healthcare Papers to this form. (HIM to scan documents to patient level under request/auth event set).