



Newman Medical Partners Patient Portal Proxy Access Authorization

PATIENT IDENTIFICATION INFORMATION

Patient Full Name: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Patient Email Address (REQUIRED): _____

Is this a Shared Email Account: Yes No

PROXY INFORMATION

Proxy Full Name: _____ Date of Birth: _____

Proxy Email Address (REQUIRED): _____

Proxy Relationship to Patient:

- Parent Legal Guardian/DPOA Other (specify): _____
 Legal Documents provided upon request

SIGNATURE(S) AND ACKNOWLEDGEMENT

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

By signing this authorization, I am requesting Newman Medical Partners to give access to my proxy to utilize the patient portal. I understand that Newman Medical Partners will require my proxy to sign this acknowledgement and agree to Newman Medical Partners policies and procedures for use of the patient portal.

This authorization is valid for 12 months. 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 Signature: _____ Date: _____

Proxy Signature: _____ Date: _____

Please note that for proxy access, the patient's chart will be accessed through the proxy's NMP Patient Portal account.

*This form must be delivered to any NMP clinics front desk by the patient who will need to present photo ID.