

My Westmed Online Patient Portal Proxy/Caregiver Access and Authorization Form

1. Patient Information:

Patient Name: _____ **Date of Birth:** _____
Last First M.I. (Month/Day/Year)

Address: _____
Street Address City, State Zip Code

Patient's Phone #: _____ **Patient Email:** _____

2. Representative Information: (Proxy/Caregiver who will be permitted to access patient online portal.)

Relationship to Patient: Parent Spouse Legal Guardian Other: _____

Representative Name: _____ **Date of Birth:** _____
Last First M.I. (Month/Day/Year)

Address: _____ **Phone #:** _____
Street Address City, State Zip Code

Email address: _____

Representative's Request for username: _____

3. Please check one of the boxes below that best describes the access requested.

- Adult Patient (18 years +)** (Note: This section also applies to Emancipated Minors. Emancipated Minors must provide proof of emancipation.) By checking this box, the patient is giving the representative permission to access the patient's My Westmed Online portal and is authorizing Westmed to grant access to **all of the patient's health, billing, and appointment information** including (if any) confidential HIV-related information and information regarding mental health treatment and drug/alcohol use/treatment, to the representative named above.
 - Legal Guardian for Adult Patient:** By checking this box, the legal guardian is advising Westmed that they have a surrogate relationship with the patient through a legal arrangement court order. (A copy of the legal paper work verifying their authority must be provided at the time this form is presented to Westmed.)
- *Notarization is required if this form is submitted by mail. Mail completed form and all supporting documentation to:** Westmed, Attn: Technical Support, 2700 Westchester Avenue, Purchase, NY 10577.

Minor Patient: Access to a minor (child's) My Westmed Online - Representatives must have parental rights or legal guardianship rights.

Select one of the following that describes your relationship to the child:

Parent **Permanent Legal Guardian of Patient** (Legal Guardian must attach a copy of the Court Order Appointing Guardianship and the Letters of Guardianship verifying status as permanent legal guardian of the patient at the time this form is presented to Westmed.)

Select one of the following:

Adult-Child Age 0-12 Patient: By checking this box, the parent/legal guardian will have access to the patient's My Westmed Online until the patient turns 13 years old at which time access will be terminated by Westmed.

Adult – Adolescent Patients (Age 13-17), Pediatrics Only: By checking this box, the parent/legal guardian will have access to My Westmed Online including (if any) confidential HIV-related information and information regarding mental health treatment and drug/alcohol use/treatment, to the representative named above. (Access will remain active until the patient notifies us of any change in authorization or the patient turns 18 years old at which time access will be terminated by Westmed.)

***For minors described above, My Westmed Online Access Authorization Form and supporting documentation must be submitted in-person. Both the parent/legal guardian and the pediatric adolescent patient must be present in office.**

TERMS OF USE (Please read carefully)

- Access to My Westmed Online is provided by Westmed as a convenience to its patients and authorized representatives. Westmed reserves the right in its sole discretion at any time: (1) to terminate or limit access to My Westmed Online, and/or (2) to limit the number of users who have access to an account.
- My Westmed Online contains selected, limited medical information from a patient’s medical record including patient health information, billing, and appointments with the exception of Pediatric Adolescent Patients as access is limited to secure messaging only. For all patients, authorized users also have access to confidential information including HIV-related information, sexually transmitted disease and diagnosis, mental health treatment, and alcohol/drug use/treatment.
- Activities within My Westmed Online may be tracked by computer audit. Communications by the authorized representatives will be become part of the medical record.
- This authorization will remain in effect for Adult Patients (18+) until: (1) terminated by the patient, (2) terminated by a legal guardian, or (3) terminated by Westmed.
- This authorization will remain in effect for Patients 0-12 years old until the patient reaches 13 years old at which time Westmed will terminate the account.
- This authorization will remain in effect for Pediatric Adolescent Patients ages 13-17 years until: (1) terminated by the patient or (2) by Westmed or (3) terminated by Westmed when the patient reaches age 18.
- Legal Guardians are required to advise Westmed immediately if there is a change in authority.
- Requests to terminate a representative’s access must be submitted to Technical Support: technical@westmedgroup.com.

Acknowledgement:

By signing below, I acknowledge that I have read this form and understand its contents and agree to the terms of use.

Patient Signature: _____ **Date:** _____
(Required for patients 18 years + and patients who are 13-17 years old)

Parent/Legal Guardian Signature: _____ **Date:** _____
(Required if you are the parent/legal guardian of a patient age 0-12 years.)

Representative’s Signature: _____ **Date:** _____
(Required for all representatives being granted access to the patient’s online portal):

WESTMED USE ONLY (Required)

Patient ID verified By: _____ Date: _____

Patient MRN: _____