



# Adult Proxy Authorization Form

## Access to another adult's My Healthy Connection record

To request access to the **My Healthy Connection** record of an adult patient whose medical care you help manage, please complete this form. The patient must sign this form and provide authorization for release of medical information for **My Healthy Connection** access. Please note that the patient's chart will be accessed through the **My Healthy Connection** portal on the Riverside Medical Clinic website. Completing this form will establish your **My Healthy Connection** record for the patient.

Return forms to: Riverside Medical Clinic Medical Records Department  
3660 Arlington Avenue, Riverside, CA 92506 or Fax to: (951) 784-6480

### Your Information: (All Sections required – please print clearly.)

This section should be completed by the individual requesting access to another adult's My Healthy Connection record.

Name (last, first, middle initial) \_\_\_\_\_  
Phone # : \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Patient's Information: (All Sections required – please print clearly.)

Complete this section with information about the patient whose My Healthy Connection record you're requesting to access

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # : \_\_\_\_\_

## My Healthy Connection Terms and Agreement

- I understand that My Healthy Connection is intended as a secure online source of confidential medical information. If I share my My Healthy Connection ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a My Healthy Connection proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that My Healthy Connection contains selected, limited medical information from a patient's medical record and that My Healthy Connection does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within My Healthy Connection may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to My Healthy Connection is provided by Riverside Medical Clinic as a convenience to its patients and that Riverside Medical Clinic has the right to deactivate access to My Healthy Connection at any time for any reason. I understand that use of My Healthy Connection is voluntary and I am not required to use My Healthy Connection or to authorize a My Healthy Connection proxy.
- By signing below, I acknowledge that I have read and understand this My Healthy Connection Proxy Form and I agree to its terms.

▶ \_\_\_\_\_  
**Signature** **Relationship to Patient** **Date (required)**

I acknowledge that I have read and understand this My Healthy Connection Proxy form. I agree to its terms and choose to designate the person named above as my My Healthy Connection Proxy, thereby allowing them access to My Healthy Connection record.

▶ \_\_\_\_\_  
**Signature of Patient** **Relationship** **Date (required)**