UT Medicine
The University of Texas at Austin

Proxy Access Request and Authorization Form

To request access to the record of an adult or child whose medical care you help manage, please complete this form. The patient must sign this form unless the proxy is also the patient's parent or legally authorized representative. Completing this form will establish a UT Medicine Patient Portal record for you and for the patient. The request will be reviewed before access is granted. When access is granted, the proxy will receive a notification in their UT Medicine Patient Portal inbox. A proxy must create or have an existing UT Medicine Patient Portal account. Please note that the patient's chart will be accessed through your (proxy's) UT Medicine Patient Portal record.

Step 1: Proxy Information

Please provide the required information for the adult proxy who is requesting access to the patient's UT Medicine Patient Portal record.

First Name: Middle Initial: Last 4 digits of SSN:

Last Name: Date of Birth:

Street Address: City: State: Zip:

Email Address: Phone #:

Do you have an active UT Medicine Patient Portal account with UT Medicine? ◉ Yes ○ No ○ Don't Know

Relationship to Patient:

- ○ I am the Patient
- ○ Parent or Legal Guardian and the patient is a minor
- ○ Legal Guardian of an incapacitated Adult
- ○ Health Care Power of Attorney
- ○ Spouse or Domestic Partner
- ○ Adult child of a parent Patient
- ○ The holder of a healthcare power of attorney (POA) for a patient
- ○ Other adult designated by the Patient

Step 2: Type of Access Being Requested?

- **Adult to Adult Proxy Access:** Proceed to Step 2a
- **Adult to Minor Proxy Access:** Proceed to Step 2b
- **Adolescent Patient Proxy Account:** Proceed to Step 2c

Step 2a: Adult to Adult Proxy Access

- ○ I am an adult requesting access to another adult's UT Medicine Patient Portal record
- ○ I am an adult requesting access to another adult's UT Medicine Patient Portal record where the adult patient is lacking decision-making capacity. This access will be granted upon review and confirmation by the clinical team.

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Adult Patient Information

Please provide the required information for the adult patient whose UT Medicine Patient Portal record you wish to access.

First Name: Middle Initial: Last 4 of SSN:

Last Name: Date of Birth:

Street Address: City: State: Zip:

Email Address:

Proceed to Step 3 to review the UT Medicine Patient Portal Terms and Agreement and Consent for Proxy.

Step 2b: Adult to Minor Proxy Access

☐ I am a parent or legally authorized representative requesting access to a minor's UT Medicine Patient Portal record

Minor (Child) Patient Information

Please provide the required information for the minor (child) patient whose UT Medicine Patient Portal record you wish to access.

First Name: Middle Initial: Last 4 of SSN:

Last Name: Date of Birth:

Street Address: City: State: Zip:

Please note the following age range limitations for UT Medicine Patient Portal.
* Legal Guardian of Minor must attach a copy of the Court Order Appointing Letters of Guardianship verifying the Proxy's status as permanent legal guardian of the patient:

- The parent or legally authorized representative of a minor will be granted full access to their child's patient portal account for a minor under the age of 18.
- On the minor's 18th birthday, the parent or the legally authorized representative's access will automatically be terminated.
- A provider may revoke a parent or legally authorized representative's portal proxy access to a minor's record if they believe such access may interfere with the patient's treatment.
- If a child is aged 13-17 with parent or guardian consent, they may have their own patient portal account to participate in their care while maintaining appropriate privacy protections.

Proceed to Step 3 to review the UT Medicine Patient Portal Terms and Agreement.

Step 2c: Adolescent Patient Proxy Account (Ages 13-17)

☐ I am a parent or legal guardian providing consent to grant a proxy account for a minor's UT Medicine Patient Portal record

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Minor (Child) Patient Information

Please provide the required information for the minor (child) patient for whom you are granting consent to have an individual UT Medicine Patient Portal account.

First Name: Middle Initial: Last 4 of SSN:

Last Name: Date of Birth:

Street Address: City: State: Zip:

Email Address:

Proceed to Step 3 to review the UT Medicine Patient Portal Terms and Agreement.

Step 3: UT Medicine Patient Portal Terms and Agreement

By signing below, I understand and agree that:

- The UT Medicine Patient Portal is a secure online source of confidential medical information. If I share my UT Medicine Patient Portal 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 UT Medicine Patient Portal proxy.
- 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.
- The UT Medicine Patient Portal contains selected, limited medical information from a patient's medical record, and that Patient Portal 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 health care provider.
- My activities within the UT Medicine Patient Portal may be tracked by computer audit and that entries I make may become part of the medical record.
- Access to the UT Medicine Patient Portal is provided by UT Medicine as a convenience to its patients and UT Medicine has the right to deactivate access to the UT Medicine Patient Portal at any time for any reason.
- Use of the UT Medicine Patient Portal is voluntary, and I am not required to use the UT Medicine Patient Portal or to authorize a UT Medicine Patient Portal proxy.
- If my legal relationship with the patient listed changes, I must inform the health care team immediately by phone or by written communication.
- UT Medicine and/or its subsidiaries and affiliated providers reserve the right to revoke proxy access at any time, for any reason.
- UT Medicine Patient Portal should never be used for urgent matters. Therefore, regarding all urgent medical matters, I will contact the physician's office by phone, go to an emergency room, or dial 911.

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Proxy Signature (Required) **Date**

Printed Name:

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Adult Patient - Consent for Proxy

I acknowledge that I have read and understand this UT Medicine Patient Portal Proxy Access Request and Authorization Form. I agree to its terms and conditions and choose to designate the person named above as my UT Medicine Patient Portal Proxy, thereby allowing them access to my UT Medicine Patient Portal record. I understand that by doing so I waive all rights related to privacy and confidentiality of my information with the identified proxy to whom I have granted access (including, without limitation, the privacy practices of UT Medicine).

I represent and warrant that I have either attained the relevant age of majority for my state of residence, or that I am a lawfully emancipated minor, with the ability to enter into agreements relating to the consent to access involving my medical data.

I further understand and acknowledge that (a) UT Medicine can rely on this consent until revoked by me in writing; (b) by providing this authorization and consent, the named individual has the same rights to access my information as I do; and (c) that I waive all rights and remedies relating to the named individual's use or misuse of my information that UT Medicine provides to the named individual pursuant to this Consent for Proxy.

Please note that if this consent is revoked, such revocation will not affect any action taken in reliance on this consent prior to such revocation. I understand that I may revoke this Consent for Proxy at any time, by calling the UT Medicine Access Center at 1-833-UT-CARES (1-833-882-2737).

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Patient or Legally Authorized Representative Signature (Required) **Date**

Printed Name: