

Authorization to Grant Proxy Access to Radiology Associates Patient Portal

Allowing another person to access and view your protected health information available on the Radiology Associates Patient Portal is called proxy access. A Proxy can be a spouse, partner, adult child or other trusted person with whom you want to share your protected health information. Instead of providing your Proxy with your user name and password, he/she will be set up as a Proxy on your account and will have a separate user name and password.

By granting Proxy access to your Radiology Associates Patient Portal record, you understand and agree to the following:

- Your Proxy must have a valid email address.
- By allowing your Proxy access to your Radiology Associates Patient Portal record, he/she has full access to see all of your records stored on the portal. This includes but is not limited to the following: summary of care records, exam history, questionnaires and radiology results. In addition, your proxy will have the same capability as you have to pre-register for exams, answer health questions and update/modify demographic data on your behalf. **Their access may include the Proxy seeing information relating to the diagnosis and/or treatment of mental/behavioral health, alcohol/drug abuse, reproductive health, sexually transmitted diseases, HIV/AIDS, developmental disabilities and genetic information.**
- This Authorization to grant Proxy Access to your Radiology Associates Patient Portal account applies to protected health information in your Radiology Associates Patient Portal account which includes historical information prior to this date of authorization. Your permission will be in effect until you change or cancel it. If your circumstances change and you no longer want your Proxy to have access to your Radiology Associates Patient Portal account, you can revoke the Proxy access at any time.
- You have the right to revoke access to the Proxy at any time. To revoke Proxy access you should make this request in writing and send the request to: Radiology Associates, IT Department, 1812 S. Alameda St., Suite 200, Corpus Christi, TX 78404.
- Radiology Associates reserves the right to revoke on-line access to protected health information at any time.
- Your Proxy will subsequently receive an email with instructions on how to gain access to your records using a portal account set up in their name.

In order for this request to be processed, you must complete the following form and mail it to Radiology Associates, IT Department, 1812 S. Alameda St., Corpus Christi, TX 78404. The form may also be faxed to 361-561-3028.

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Please complete a separate form for each individual that you want to share information with. Information obtained or disclosed with this authorization will be limited to the minimum information needed to achieve the purpose.

Patient Name: _____ Jacket#: _____

Patient DOB: _____ Patient Primary Phone #: _____

I authorize Radiology Associates, LLP to obtain and disclose my Protected Health Information to:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number (XXX-XXX-XXXX): _____

Email Address: _____

Relationship to Patient: Spouse Son Daughter Other

If other, please specify: _____

I hereby authorize Radiology Associates to grant to the individual named above access to my Patient Portal account. I understand and agree that by granting this access, the individual named above will have access to my protected health information. **I further understand and agree that if my Radiology Associates Patient Portal account contains information related to mental/behavioral health, alcohol/drug abuse, reproductive health, sexually transmitted diseases, HIV/AIDS, and genetic information, my Proxy will have access to that information.**

Patient Signature: _____ Date: _____

– OR –

Patient's Representative: _____ Date: _____

Relationship to Patient: Parent Legal Guardian* Hold Power of Attorney*

*Please attach legal documentation if you are the legal guardian or holder of Power of Attorney.

All fields must be completed for this Authorization to be valid.