Revenue Cycle Mid-Service (HIM)
Health Information Exchange (HIE) Unit
777 E. Eisenhower Parkway, Suite 400
Ann Arbor, Michigan 48108-3273
Phone: (734) 615-0872
Fax: (734) 998-0105
HIM-PatientPortal@med.umich.edu

MICHIGAN MEDICINE

MyUofMHealth Adult Proxy Authorization

Authorization for Use or Disclosure of Health and Financial Information through MyUofMHealth

For **adult patients (18 years old or older)** to allow another adult access (grant "proxy") to your MyUofMHealth portal. The patient or legally authorized representative must sign this form. If you are the legal guardian or have durable power of attorney of an adult patient and are completing this form you will be required to provide additional documentation to show you have a legal right to request proxy access. MyUofMHealth contains medical and financial information from your Michigan Medicine, University Health Services (UHS) medical record.

If you have questions about this form or the MyUofMHealth portal, please contact Health Information Exchange Support Unit at the phone number or email address listed above.

Submit this form using the mailing address or fax number listed above.

☐ Copy of current drivers' license or state issued identification attached (will only be used to validate signature)

All information is required. Please type or print clearly

Patient's information:

Email Address: ☐ None (diminished capacity patient)

Last Name: First Name:

Maiden Name / Alias:

Street Address:

City: State: Zip Code:

Date of Birth (mm/dd/yyyy): Phone Number:

Medical Record Number (MRN):

Grant access to the individual named below:

Email Address

Last Name: First Name:

Maiden Name / Alias

Street Address:

City: State: Zip Code:

Date of Birth (mm/dd/yyyy): Phone Number:

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By signing below, I understand, acknowledge, and agree that:

- I understand that sharing information through the MyUofMHealth portal is voluntary, and by signing this form I am authorizing Michigan Medicine and UHS to share my health and financial information through MyUofMHealth.
- I understand that this authorization is only used for the purpose of granting proxy access in MyUofMHealth and does not authorize other methods of disclosures.
- I understand that I have a right to revoke this authorization at any time. It is my responsibility to revoke proxy access by deactivating the proxy account through MyUofMHealth or by contacting the Health Information Exchange Helpdesk if I no longer wish this individual to access my information. I understand that the revocation will not apply to information that the proxy may have already viewed, saved, or downloaded from MyUofMHealth.
- I understand that this authorization will expire when Michigan Medicine or UHS become aware of my death, unless I revoke it sooner.
- I understand that my proxy will set up their own MyUofMHealth portal to access my information.
- I understand my proxy's activities within the MyUofMHealth portal may be tracked electronically and entries or messages they send to my care team will become part of the medical record.
- I understand that the person I authorize as my proxy is a private person, not a health plan or a health care provider. My proxy is not required to follow federal or state health information privacy laws. I understand that my proxy might share my personal health information with others without my permission, and that information would not be protected by the privacy laws.
- I understand that access to my MyUofMHealth portal is provided by Michigan Medicine and UHS as a convenience to their patients and Michigan Medicine and UHS have the right to revoke access to MyUofMHealth at any time for any reason.

Authorization: I, or my legal representative / DPOA, authorize Michigan Medicine and UHS to share my past, present, and future medical and financial information contained within MyUofMHealth to the proxy named on this authorization.

I understand my proxy may see alcohol and drug abuse/treatment; psychological and social work counseling, HIV, AIDS, or ARC; communicable disease or infections, including sexually transmitted diseases, venereal disease, tuberculosis and hepatitis; genetic information and demographic information.

Full access to the MyUofMHealth patient portal includes, but is not limited to, access to clinical notes, test results, medical history, health reminders, educational resources, appointment information and reminders, secure messages exchanged with your care team, billing information, and Virtual Care services.

Form signatures must be in pen/ink or signed electronically using a tool that captures attestation of the patient's electronic signature (including the name, date, and time of signature)

Signature of Patient or Legally Authorized Representative Date(mm/dd/yyyy)

Printed Name of Patient or Legally Authorized Representative
Relationship to Patient: ☐ LegalGuardian ☐ DPOA for Healthcare

*Legal Representatives: to avoid delays in processing, include legal authority / DPOA documentation with your request.

RETAIN ALL PAGES FOR THE MEDICAL RECORD