ALASKA NATIVE MEDICAL CENTER

MYHEALTH PATIENT PORTAL ACCESS REQUEST

PATIENT	**This request is for MyHealth Patient Portal Access to the medical record of:** Name:_____ Birth Date:_____/_____/_____
PERSON BEING GIVEN ACCESS	I understand that I am authorizing ANMC to provide access to the protected health information (PHI) of the patient through the MyHealth Patient Portal. All MyHealth Patient Portal User access has the same privileges to view PHI, including sensitive information regarding diagnoses for sexually transmitted diseases, tuberculosis, hepatitis B, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), as well as records of the patient's behavioral or mental health services, and treatment for alcohol and drug abuse. Additional information may be made available through the patient portal as ANMC continues to implement this product. **I request ANMC give MyHealth Patient Portal Access to:** □ Myself. I want to be able to access my own medical information through the portal. □ Myself as the parent/legal guardian of a minor child under age 13. To comply with federal and state privacy laws, ANMC terminates portal access to a minor's record at 13 years of age, or earlier if necessary to ensure privacy and well-being. □ Myself for another adult patient. □ The following person who is involved in the patient's care: Name: _____ Phone Number: _____ Address: _____ Email: _____ □ A minor child between the age of 13 and 17 to their own medical records. Minor Child's Email: _____ Minor Child's Phone Number: _____
INFORMATION	**Validity/Termination:** This authorization is valid until revoked by the patient or personal representative, or by ANMC due to termination of the personal representative relationship, or as necessary to protect the privacy interests of the patient, where the User Agreement is not being followed, or where the User poses a threat of harm to the patient. Authorization may be revoked at any time by written notice to ANMC Health Information Management. Revocation is not effective until notice is received and is not effective regarding access may before revocation. Termination of Portal access will not necessarily affect a personal representative's right to request access or copies to PHI by submitting such a request in writing to ANMC's Health Information Management office. **Patient Rights:** I have a right to refuse to sign this authorization. ANMC may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on a decision to sign this form. **Disclaimer:** Information disclosed through the Portal may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and its implementing regulations including the Privacy, Security, and Breach Rules 45 C.F.R. Parts § 160&164) and the Privacy Act of 1974, 5 U.S.C. §552a. Nonetheless, all individuals granted Portal access are expected to protect the privacy and confidentiality of the PHI contained therein as if it were their own, and to comply with the MyHealth Patient Portal User Agreement.
REQUESTOR	By signing below, I agree and represent information submitted to ANMC as part of the request for access is true and accurate to the best of my knowledge, and I have read and fully understand all information contained in this Request Form. Requestor Signature:_____ Date: _____ Print Name:_____ Address:_____ Phone Number:_____ Email:_____ Requestor's Relationship to Patient: ☐ Self (I am the patient) (Emancipated minors check here: □) ☐ Parent or Legal Guardian of the Minor Child ☐ Personal Representative of the Patient
NEXT	**Verification:** If you do not submit a copy of your ID and/or proof of relationship with this request, ANMC will check to see if it has documentation on file. If ANMC does not have proof of relationship on file, you will be asked to provide documentation of the relationship before your request is processed (e.g., birth certificate, court order, durable power of attorney, etc). **Account Setup:** Once all information is verified, an e-mail will be sent with instructions for accessing the Portal website to create a unique password. Once a password is established, the person will be required to sign a "MyHealth Patient Portal User Agreement."