



**Memorial Hospital**  
 300 N Columbia Avenue  
 Seward, NE 68434

## Legal Representative Request for Proxy Access of an Adult

Memorial Hospital provides internet-based access to portions of a patient’s medical records through our patient portal, mHealth, which allows the patient or representative to view and manage information about their care.

**Requesting Proxy Access of an Adult Patient’s Portal**

I am requesting proxy access to the portal account for the patient named below, who is an **adult**, and I am the patient’s legal guardian or personal representative. *(Please attach documentation showing that you have legal guardianship or legal authority, such as Durable Power of Attorney for Healthcare.)*

<b>Patient Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

<b>Proxy Name:</b> _____	<b>Relationship to Patient:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> P.R. with DPOA
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____

I certify and acknowledge that:

1. I am the legal guardian or legal representative of the adult patient and have authority to make healthcare decisions on the patient’s behalf.
2. If my relationship with the patient changes such that I no longer have legal authority to make healthcare decisions on behalf of the patient, then I will notify Memorial Hospital immediately and cease proxy access to the patient’s health information.

\_\_\_\_\_  
*Legal Representative Printed Name*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date/Time*

**Questions or concerns should be directed to 402-646-4633**

**PLEASE SUBMIT COMPLETED FORM BY FAX: 402-646-4639**

**OR BY MAIL: Memorial Hospital-Attn. HIMS DEPT. | 300 N COLUMBIA AVE | SEWARD, NE 68434**