



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.)*

Patient Name: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Email: _____

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

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