



RAUTH

Patient Portal

**PROXY AUTHORIZATION - ADULT TO ADULT**

**Instruction:**

Adult patient or their legal representative to complete this form to authorize Patient Portal proxy access to another adult. Scan or fax completed form to HIMS (Health Information Management Services) at (302) 320-4859.

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Last 4-digits of SSN: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

*Be sure to write your email address clearly*

**PROXY INFORMATION:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Relationship to patient:  Spouse  Daughter/Son  Aunt/Uncle  Caregiver/Friend  Other: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

*Be sure to write your email address clearly*

**PATIENT AUTHORIZATION:**

I agree to allow the above named person to have access to my online medical record information through the ChristianaCare Patient Portal, including information about future medical care and treatment.

I understand that I may revoke this access at any time by either:

- Emailing MyHealth@Christianacare.org or
- Sending a message from the patient portal to Patient Portal Help.

I understand that removal of Patient Portal access for my proxy may take up to 72 hours to process.

I understand the Patient Portal does not contain the complete medical record. To obtain a complete copy of my medical record, I will need to request a copy through the ChristianaCare HIMS Department (detailed instructions available here: <https://christianacare.org/patients/medical-records/>).

\_\_\_\_\_  
Patient/Legal Representative Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Legal Representative Relationship to Patient

( \_\_\_\_ ) \_\_\_\_\_  
Phone Number Date / / Time