



**NORTHSHORECONNECT
PROXY ACCESS AUTHORIZATION FORM**

80020-010E (04/2013)

Proxy Access within NorthShoreconnect.org

NorthShore University HealthSystem (NorthShore) is pleased to offer parents, caregivers and legal guardians access to their minor's or an adult's medical record online. You must have parental rights, written consent, legal guardianship or durable power of attorney for healthcare to receive access to your minor's record or to another adult's record.

By reading, completing and signing this consent form, you are certifying that you have appropriate legal rights to access medical and health insurance information for the minor or adult indicated below. NorthShoreConnect terms and conditions listed during your activation process apply to proxy encounters as well.

Granting and Terminating Proxy Access

Proxy access for minors under 18 years of age requires a signature by the parent or legal guardian. In accordance with NorthShore's policy, proxy access converts to a limited version on the child's 13th birthday, and proxy access terminates on the child's 18th birthday.

**** Please note:** Children under the age of 18 are not permitted to have access to their own individual NorthShoreConnect account.

Proxy access for adults above or equal to 18 years of age requires a signature by the patient, legal guardian, or durable power of attorney for healthcare. An adult patient granting access may revoke this consent at any time by contacting their physician or through their NorthShoreConnect account, except to the extent that NorthShore has already acted in reliance on this contract. As a legal representative granting access, you may revoke this consent at any time by contacting the patient's physician.

NorthShore reserves the right to terminate proxy access at any time for abusive use of the system.

Emergency Situations-NorthShoreConnect should not be used for emergency situations. For emergencies, please call 911.

Patient Information

Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

Proxy Information

1. Name		2. Date of Birth	
3. Relationship to patient	<input type="checkbox"/> Parent of dependent child (13 years and under) <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Durable Power of Attorney for Healthcare*		
4. NorthShore University HealthSystem Patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, complete 5 through 10	
5. Street Address			
6. Street Line 2			
7. City		8. State	
		9. Zip Code	

**This request must be accompanied by a copy of legal documents verifying the authority of the proxy access requestor.*

An authorizing signature is required for completion of this form. If the adult patient is granting proxy access, the patient's signature is required. If the parent, legal guardian, or durable power of attorney for healthcare is requesting proxy access, the legal representative's signature is required.

Authorization

10. Patient, Parent or Legal Representative's Name (Print)			
11. Signature		12. Today's Date	
ID Checked (Office Use Only)			