

University of Pittsburgh Medical Center (UPMC)
Adult Proxy Request Form

What is Proxy?

MyUPMC includes a Proxy access feature, where on behalf of the patient, designated family members or other authorized individuals are granted access to the patient's select health information through MyUPMC.

Dear Patient:

We understand you wish to appoint a proxy to act on your behalf as described below. In regards to this matter, privacy of your health care information is important to us. In the spaces below, provide the requested information about yourself (the patient) and the person you are assigning to act as your proxy.

*By assigning proxy access, your proxy will be able to: (1) request appointments for health care services on your behalf, (2) access selected medical information, (3) communicate via MyUPMC, by phone or in person with health care providers about your tests, treatments, medications, patient advice and administrative tasks, (4) request certain online medical services from UPMC AnywhereCare and (5) communicate via MyUPMC with UPMC's billing office regarding bills that you may receive. **SHOULD YOU NOT WANT AN INDIVIDUAL TO HAVE ANY OF THESE CAPABILITIES, THEN YOU SHOULD NOT MAKE THE INDIVIDUAL YOUR PROXY.***

Note this form is not applicable and cannot be used for UPMC behavioral health patients or for any patient when health care decisions are involved, including, but not limited to: (1) procedures/services that require informed consent (and withdrawal of consent if applicable), (2) admissions to and discharges from nursing homes or other long-term care facilities, (3) donation of organs, body parts, or body for medical purposes, including the authorization of an autopsy, and (4) continuation or withdrawal of life support. For major health care decisions, a formal power of attorney or living will is recommended.

To assign proxy access please complete the below request form.

Return this form to: (*Please return all 3 pages)

or

Fax: 412-647-8929

Attn: HIM

200 Lothrop Street

Forbes Tower, Suite 9050

Pittsburgh, PA 15213

Questions: 412-864-1221

Proxy's Information (All sections required -- please print clearly.)

Name (last, first, middle initial): _____

Gender - *Please Circle*: Female or Male

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number (optional): _____

E-mail Address (optional): _____

Patient's Information (Please verify that the information below is correct. Notify office of incorrect information.)

Name (last, first, middle initial): _____

Gender - *Please Circle*: Female or Male

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

E-mail Address (optional): _____

MyUPMC Proxy Terms and Agreement:

*Please note: The MyUPMC Proxy Terms and Agreement are subject to change.

At any time, you may review the most up-to-date terms and agreement online at MyUPMC.com

1. I understand that MyUPMC is not a tool to be used in the case of a medical emergency or urgent situation. If an emergency or urgent situation arises, I will seek appropriate emergency medical service.
2. I understand that MyUPMC is intended as a secure online source of certain confidential medical and billing information. If I share my MyUPMC username and password with another person, that person may be able to view health information about me.
3. I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
4. I understand that MyUPMC contains *select* medical information from a patient's medical record and that MyUPMC is a tool of convenience and does not substitute or reflect the complete contents of the patient's medical record. I further understand that MyUPMC contains information from all UPMC physician offices that use UPMC's electronic health record system, and that my proxy will be able to access information from all of those physician offices. Such information may include information associated with HIV, mental health and drug and alcohol treatment. If I am not comfortable sharing information contained in MyUPMC, I should not provide proxy access.
5. I understand that in lieu of, or in addition to, select information contained in MyUPMC, I may access any and all of that patient's medical records that I am lawfully entitled to by contacting the appropriate UPMC facility's medical records department and requesting medical records in accordance to UPMC policy.
6. I understand that by granting proxy access, my proxy is permitted to do the following:
 - request appointments for healthcare services, on my behalf, with any UPMC health care provider that participates in MyUPMC
 - view select medical information that is available within MyUPMC
 - request certain online medical services from UPMC AnywhereCare
 - communicate via MyUPMC, by phone or in person with any of my UPMC health care providers on MyUPMC regarding tests, treatments, medications, patient advice and administrative tasks
 - communicate via MyUPMC with UPMC's billing office regarding bills that I may receive
7. I understand that my proxy will be able to request certain online medical services from UPMC AnywhereCare. I accept financial liability for such service that includes applicable charges if my insurance does not cover all or part of this service.
8. I understand that my activities and that of my proxy within MyUPMC will be tracked by computer audit and that entries will become a permanent part of the medical record.
9. I understand that access to MyUPMC is provided by UPMC as a convenience to its patients and that UPMC has the right to deactivate access to my MyUPMC account or that of the proxy at any time for any reason, including cases where UPMC reasonably believes that it is not in your best interest to continue to provide MyUPMC access to me or my proxy.
10. I understand that use of MyUPMC is voluntary and I am not required to use MyUPMC or to authorize a MyUPMC proxy. As such, UPMC will not condition treatment upon me either signing up for MyUPMC or authorizing a MyUPMC proxy.
11. I understand that I have the ability to revoke proxy access at any time by using MyUPMC tools or providing a written request to my primary UPMC physician office. Otherwise, unless UPMC revokes proxy access (as described in section 9), proxy access will remain in effect until a court order or applicable law revokes it. However, if my proxy has accessed and re-disclosed my information prior to me revoking proxy access, such information will no longer be protected by the Health Insurance Portability and Accountability Act of

1996 (HIPAA). Information regarding UPMC's obligations and commitments under HIPAA can be found in UPMC's Notice of Privacy Practices.

- 12. I will not use MyUPMC proxy access for *frivolous purposes or for purposes* unrelated to the care or treatment of the patient.
- 13. I understand the use of proxy access is for the care of the MyUPMC member. If I no longer need to utilize proxy access, I will notify UPMC immediately.
- 14. I am entitled to a copy of this completed form.

By signing below, I acknowledge that I have read and understand this MyUPMC Proxy Request form and I agree to its terms.

➤ _____ / _____ / _____
Signature of assigned Proxy (Required) Relationship to Patient Date

I acknowledge that I have read and understand this MyUPMC Adult Proxy Request form. I agree to its terms and choose to designate the person named above as my MyUPMC Proxy.

➤ _____ / _____
Patient Name – Please Print (Required) Date of Birth

➤ _____ / _____
Signature of Patient (Required) Date

➤ _____ / _____
Signature of provider if patient is unable to consent (Required) Date