

**PROXY USER ENROLLMENT FORM
HEALTH PORTAL**

- 1) Patient/Legal Representative should complete the below Authorization for Proxy Access to Health Portal. Legal representatives may be asked to show legal documentation for verification.
- 2) Return this Authorization and a copy of the patient/legal representative photo identification (drivers license, passport, etc) to:

Email:
HIMPORTAL@bmcf.com

Fax:
214.407.5389

Mail:
Baylor Scott & White Medical
Center - Frisco
Attention: HIM Dept – Portal
5601 Warren Parkway
Frisco, TX 75034

- 3) When enrollment is complete, an email will be sent to the email address you provided in this Authorization, which will include a link for you to create a user ID and password.

AUTHORIZATION FOR PROXY ACCESS TO HEALTH PORTAL

Patient Name: _____

Patient Date of Birth: _____

Medical Record Number: _____

By signing this authorization, I am requesting that proxy access to my protected health information on the Baylor Scott & White Medical Center - Frisco health portal be given to the following individual:

Proxy Name (*please print*): _____

Date of Birth: _____

Relationship to Patient: _____

Phone: _____

Email: _____

I understand that the proxy user will have the same access and privileges that I have for the health portal, which includes access to my protected health information (PHI). I understand that additional PHI may also become available to my proxy through the portal. PHI may include sensitive information, including, but not limited to: drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome. Treatment or payment cannot be conditioned on signing this authorization, which is valid until revoked in writing by me. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the proxy and no longer protected.

Signature of Patient/Legal Representative: _____

Date of Signature: _____

HIM Use Only

- Photo ID included with request Signature verified in medical record
 Proof of legal representation Enrollment complete on _____ by _____

PATIENT PORTAL