



CMH Patient Portal

GRANT PROXY ACCESS

The CMH Patient Portal provides online access to patient information, which may include problem list, allergies, medications, lab and radiology results, and other clinical documents. By using CMH Patient Portal this information can be accessed at your convenience.

To grant proxy access to your CMH Patient Portal record please complete the information below:

Patient Information:

Name (last, first, middle initial): _____

Date of birth: _____ Phone: _____

E-mail address: _____

Street Address: _____

City: _____ State _____ Zip _____

I grant proxy access to my CMH Patient Portal record to the following people:

Name (last, first, middle initial) _____ Email Address: _____ Relationship to Patient: _____ Phone: _____
Name (last, first, middle initial) _____ Email Address: _____ Relationship to Patient: _____ Phone: _____
Name (last, first, middle initial) _____ Email Address: _____ Relationship to Patient: _____ Phone: _____

CMH Patient Portal Terms and Conditions for Granting Proxy Access: Please read carefully.

1. I understand that by granting proxy access to the person(s) listed above, I am allowing them access to the complete contents of my CMH Patient Portal record. I understand that granting proxy access is completely voluntary.
2. I understand that it is my responsibility to terminate my proxy's access to my CMH Patient Portal account if I no longer wish to allow him/her access to my CMH Patient Portal information. Termination of proxy access is not immediate. CMH will use its best efforts to terminate your proxy's access timely.
3. I understand this consent will remain in effect until revoked in writing and faxed to (417) 328-1110.

By signing below, I acknowledge that I have read, understand and agree to the terms and agreements for granting access to my CMH Patient Portal account.

Signature of Patient _____
Date

Or

Signature of Legal Representative (or authorized person) _____ _____
Relationship to Patient _____ _____
Date

Please fax this form to (417) 328-1110 or mail it to: CMH HIM Department, 1500 N. Oakland, Bolivar, MO 65613