



**Citizens Memorial Hospital District
Citizens Memorial Health Care Foundation**

1500 N. Oakland Avenue, Bolivar, MO 65613
phone 417-326-6000 | fax 417-328-6338

citizensmemorial.com

Patient Portal Teen Proxy Request

In Accordance with Missouri Law, all requests for proxy access to minors between the ages of 13 and 18 will automatically be denied. Existing proxy access will automatically be revoked on their thirteenth birthday. Patients may revoke proxy access at any time.

Yes, I want my own CMH Patient Portal account.

My Name _____ My Birth Date _____

My Signature _____

Email Address _____

Yes, I want my parents to have access to my record.

My Name _____ My Birth Date _____

My Signature _____

Parent/Guardian Name _____ Parent/Guardian DOB _____

Parent/Guardian Email _____

Parent/Guardian Name _____ Parent/Guardian DOB _____

Parent/Guardian Email _____

By signing above, I authorize the above named person(s) to review my electronic medical records maintained by Citizens Memorial Hospital District (CMH). I understand that this authorization allows the person named above to view my entire medical record of CMH via CMH Patient Portal. I understand that once information is released to the above named person or persons, my information may be subject to re-disclosure. I understand that any recipient to 42 CFR part 2 protected information must comply with part 2 protections and may not re-disclose the information except as permitted by part 2. 42 CFR §2.32.

I understand that my medical or billing record may contain information in reference to drug and/or alcohol treatment, psychiatric care, psychological care, sexually transmitted disease, Hepatitis B or C testing, HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing, reproductive health, status and/or treatment, and/or other sensitive information, and I agree to its release. I understand that if I authorize the release of Drug and Alcohol Abuse treatment records that those records are protected by Federal Law.

Understandings & Agreements of Requestor

1. This authorization is voluntary.
2. I understand that I may revoke this authorization at any time by notifying the facility in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
3. I agree to waive all claims against the facility for the release of the requested information.
4. I understand that Citizens Memorial Healthcare cannot condition admission to the facility upon my providing this authorization.