Ringgold County Hospital
504 N. Cleveland St.
Mount Ayr, IA 50854-2201

Proxy Portal Consent

Patient Initiated Request

Patient Information	Person who may also view (Proxy)
Name	Name
Date of Birth	Date of Birth
Email (if applicable)	Email
Last 4 digits of SSN	Phone

- I give the person listed above permission to view my electronic health information.
- I voluntarily give this authorization.
- I understand that I may revoke this proxy access in writing at any time.

_____ _____

Patient Signature Date

Notice: Federal and state regulations require that the parent or legal guardian of a 12-17 year old child must obtain their child's authorization in order to access electronic records via his or her Portal.

Proxy Initiated Request

Patient Information	Person who may also view (Proxy)
Name	Name
Date of Birth	Date of Birth
Email (if different)	Email
Last 4 digits of SSN	Phone

Proxy relationship to patient (circle one): Durable Power of Attorney Legal Guardian

Active Durable Power of Attorney and Legal guardianship documentation of your right to access information must be presented or be available in the patient's medical record.

- My signature represents that I have the legal right to this patient's health information.
- I understand that as a proxy, I may view messages and responses sent through the patient portal.

_____ _____

Proxy Signature Date