

## **Boone Health Connection Proxy Application for Patients Medically Unable to Obtain a Boone Health Connection Account**

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via Boone Health Connections. This application form can be used to request proxy access to another person's (e.g., a child's) Boone Health Connection account. To request proxy access, please complete this form and return it to a staff member or to the address below. [I understand that:](#)

- *I must log in to my own Boone Health Connection account first with my own username and password in order to then access the patient's information*
- *Boone Health may revoke access to this electronic access at any time deemed appropriate*

### PROXY APPLICANT'S INFORMATION

Name of applicant (First Middle Last) \_\_\_\_\_

Applicant's address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Applicant's phone number \_\_\_\_\_ Applicant's date of birth \_\_\_\_\_

Applicant's email (used to send notification of proxy account) \_\_\_\_\_

Applicant's Social Security number (required for account creation) \_\_\_\_\_

### PATIENT'S INFORMATION

Name of patient (First Middle Last) \_\_\_\_\_

Patient's address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Patient's date of birth \_\_\_\_\_ Patient's phone number \_\_\_\_\_

### PARENTS WITH A CHILD AGE 0-11 YEARS

Parent/guardian access via Boone Health Connection will be revoked when:

- Parent/guardian submits a request to revoke online access
- Patient turns 12, at which time the patient must give their consent for proxy access
- Access or other disputes between the patient and his/her parents/guardians cannot be resolved

*I attest that I am a parent or guardian with the right to access my child's protected health information. If I am no longer a parent or guardian with legal authority to access my child's account, I will immediately stop using my proxy access through Boone Health Connection, and I will alert the Boone Health Connection support team to turn off my access.*

Signature of proxy applicant \_\_\_\_\_ Date \_\_\_\_\_

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**FOR MINOR PATIENTS:** If you are the parent/guardian of a child 12-17 years of age who is incapable of participating in his/her own care due to a mental or physical incapacitation and would like access to your child's Boone Health Connection account, please have your child's established care provider sign and date the statement below.

**PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW**

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I attest that the patient is incapable of meaningful participation in health care decision making and would benefit from a proxy relationship for their Boone Health Connection account.

Approving provider's signature (required) \_\_\_\_\_

Approving provider's name \_\_\_\_\_ Office phone: \_\_\_\_\_

**NON-PARENT APPLICANTS What is your relationship to the patient?**

Power of Attorney       Guardian       Other \_\_\_\_\_

If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.

Signature of non-parent applicant \_\_\_\_\_ Date \_\_\_\_\_

Upon approval of your request, you will receive a Boone Health Connection activation code along with instructions on how to sign up for Boone Health Connection and create your own Boone Health Connection account. If you already have a Boone Health Connection account, you can access your proxy's chart from your Boone Health Connection account.

**Please return this form by email or fax:**

Email: BooneHealthConnection@boone.health

Fax: 573-815-3443

**Documents can also be mailed to:**

Boone Hospital Center

Attn: Boone Health Connection

1600 E. Broadway

Columbia, MO 65201 BOX 18

**FOR ATTESTING PROVIDERS: Why are you asked to sign this form?**

- We want to ensure that an established care provider for the patient confirms the patient's incapacity.
- We would like the provider to be aware of the fact that a person is requesting proxy access to the patient's Boone Health Connection account. This means the proxy can view components of the patient's medical record such as appointments, test results, medications, and his/her medical conditions. The proxy can also act on the patient's behalf to manage medical appointments, request medication refills, and contact the patient's providers.
- If you are not comfortable attesting to any portion of this proxy request, please decline to sign the form.