

**Hospital Services Patient Portal Sign-up
Proxy Access**

Internal Use:
MRN: _____
Acct: _____

Proxy access to the Patient Portal is a secure way for you to authorize another person to have access to your medical record electronically. Portal requests can take 3-4 business days to process. Further steps and instructions on using the portal will be sent to the user's e-mail address you provide below.

Step 1: Patient Information

This is the patient's medical record that the portal user will access.

Patient's Name (Please Print): _____

Patient's Date of Birth: _____ Gender: _____

Step 2: Portal User Information

This is the user account that will be created. They will have access to the patient's record listed above.

User's Name: _____ Phone: _____

User's E-Mail Address: _____

By signing this form, I am authorizing Central Vermont Medical Center to create a portal user account (identified in Step 2) to allow **another person to access my medical record through the patient portal** (identified in Step1). I understand that I can revoke portal access to my medical record at any time by notifying Health Information Management in writing.

Patient's Signature: _____ **Date:** _____

Please return form to:
Central Vermont Medical Center
Health Information Management
P.O. Box 547
Barre, VT 05641

If you have any questions, please feel free to contact us at:
Phone: 802-371-4213
Email: CVMC.PatientPortal@cvmc.org

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