



**STE. GENEVIEVE COUNTY  
MEMORIAL HOSPITAL**

800 Ste. Genevieve Drive - Ste. Genevieve, MO 63670  
573-883-2751

## Patient Portal Proxy Registration Form

You can use this form to request access to view another person's medical record via the Patient Portal. You will need to obtain the proper information, including signatures granting access from the patient if over the age of 13.

### PART A: Proxy Information (Individual requesting access)

**Do you currently have Patient Portal access?** Yes / No

If Yes, Please supply user name and skip to Part B. \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

User Name (6-20 characters) 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

SSN (last 4 digits only): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Care Provider (if at SGCMH): \_\_\_\_\_

**PART B:** Please list all patients you are requesting access to below. You will need to complete all of the information for each patient, including their signature. This information will be reviewed, and we may contact the patient to confirm permissions. In accordance with Missouri Law, all requests for proxy access to minors over the age of 13 will automatically be denied. Existing proxy access will automatically be revoked on their thirteenth birthday. Patients may revoke proxy access at any time.

Patient Name	Date of Birth	Relation to Proxy	Primary Care Physician	Patient Signature* (or Parent Signature if Patient is a minor)	Date

\*Not required for patients under the age of 13.

