



drop off at the hospital or mail to:
 800 Ste. Genevieve Dr. ~ Ste. Genevieve, MO 63670

Patient Portal Sign Up Information:

Name _____

Address _____

Phone Number _____ SGCMH Care Provider _____

Last 4 Numbers of SSN: _____

Date of birth _____

E-mail Address _____

please check here if you'd like to be on our mailing

Signature _____

PROXY ACCESS

With the consent of the patient, you can view other adult's medical records, such as your spouse or parents. To get Proxy Access, fill out the Proxy Access information below. Parents can also view medical records for their children under the age of 13 (in accordance with Missouri law).

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. Your signature consents to the release of private medical information to the proxy listed above under HIPAA laws.

Patient Name	Date of Birth	Relation to Proxy	SGCMH Primary Care Physician	Patients Signature* (or parent signature if patient is less than 13)	Date

*Not required for patients under the age of 13. Initial login instructions on the Patient Portal is available at www.stegenievevehospital.org or you may call 573-883-7745 for specific questions. Your initial password will be sent to you via e-mail.