

This form is to be used for Patient Portal Access Requests placed by: 1) Parents 2) Legal Guardians 3) Adolescents and 4) Emancipated Minors

<b>PATIENT INFORMATION</b>			
PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY	GENDER:	LAST 4 NUMBERS OF SSN:
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP CODE:	
EMAIL ADDRESS: <input type="checkbox"/> NA	HOME PHONE:	MOBILE PHONE:	
<b>DELEGATE INFORMATION</b> <input type="checkbox"/> NA			
DELEGATE NAME: LAST, FIRST, MIDDLE INITIAL	DATE OF BIRTH: MM/DD/YYYY	GENDER:	LAST 4 NUMBERS OF SSN:
ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP CODE:	
EMAIL ADDRESS:	HOME PHONE:	MOBILE PHONE:	
<b>Does the Delegate have an active My Baptist Connect Patient Portal account?</b>	<b>Yes</b>	<b>No</b>	
<b>Has the Delegate ever been a patient at Baptist Health or its affiliated entities?</b>	<b>Yes</b>	<b>No</b>	

**\*\*\*Please select the box(es) below that best describes the patient portal access/delegate access requested\*\*\***

***For all types of delegate access, the patient's chart will be accessed through the delegate's Patient Portal account.***

<p style="text-align: center;"><b><u>MINOR PATIENT</u></b></p> <p><b>Access to patient age 0-11 Patient Portal record.</b></p> <p>❖ Individuals requesting access must have parental rights or permanent legal guardianship.</p> <p><b>Relationship of Delegate to Patient is:</b></p> <p><input type="checkbox"/> <b>Parent</b> (Photo ID Required &amp; status documented in medical record or legal document)</p> <p><input type="checkbox"/> <b>Permanent Legal Guardian</b> (Photo ID Required &amp; Copy of Court Order Appointing Guardianship Required)</p>	<p style="text-align: center;"><b><u>EMANCIPATED MINOR (Access for Self)</u></b></p> <p><input type="checkbox"/> <b>Emancipated Minor</b> (Copy of Court Order of Emancipation Required)</p>
<p style="text-align: center;"><b><u>ADOLESCENT (age 12-17)</u></b></p> <p><input type="checkbox"/> <b>Adolescent</b></p> <p><input type="checkbox"/> <b>Lifetime Incapacitated Adolescent</b> (Physician Documentation Required)</p> <p><b>Relationship of Delegate to Lifetime Incapacitated Adolescent is:</b></p> <p><input type="checkbox"/> <b>Parent</b> (Photo ID Required &amp; status documented in medical record or legal document)</p> <p><input type="checkbox"/> <b>Permanent Legal Guardian</b> (Photo ID Required &amp; Copy of Court Order Appointing Guardianship Required)</p>	<p style="text-align: center;"><b><u>ADULT PATIENT</u></b></p> <p><b>Access to another adult's Patient Portal record.</b></p> <p><b>Relationship of Delegate to Patient is:</b></p> <p><input type="checkbox"/> <b>Permanent Legal Guardian</b> (Photo ID Required &amp; Copy of Court Order Appointing Guardianship Required)</p> <p>You must notify Baptist Health immediately in case of any change in authority.</p>



**PATIENT PORTAL ACCESS REQUEST FORM**



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PATIENT LABEL

**PARENT/LEGAL GUARDIAN/ADOLESCENT/EMANCIPATED MINOR ATTESTATION**

By signing below, I acknowledge and agree that:

- I will be using my own My Baptist Connect account at Baptist Health to access the Patient's account.
- I will comply with the terms and conditions on the My Baptist Connect web page (located at **MyBaptistConnect.com**) and this document.
- I will keep my password confidential and not share this information with anyone.
- I have parental rights or legal guardianship rights to access this Patient's record (age 0-11).
- **I am NOT a foster parent or stepparent of this Child.**
- There are no court orders or restraining orders in effect limiting my access to this Patient's medical records and/or information.
- I will notify Baptist Health in writing immediately if my Relationship with the Patient changes (for example, if I am no longer the Legal Guardian of the Patient).
- Communications on behalf of the Patient through My Baptist Connect must be sent from the Patient's record and responses will be received in the Patient's record. My Baptist Connect e-mail alerts will be sent to the e-mail address entered under Delegate Information.
- There are age range limitations for My Baptist Connect. These age range limitations do not affect any legal right I have to access the Patient's record by other means. Copies of the record are available to authorized requestors (subject to other Baptist Health policies) by contacting the Hospital Health Information Management Department or the front office staff at the physician's office.
- For a child age 0 to 11, I will be granted full access to the Child's My Baptist Connect record. On the Child's 12th Birthday, my access to their information will be terminated.
- For an adolescent (age 12-17), the adolescent will be granted full access to the My Baptist Connect record.
- Removal of parental delegate access occurs when emancipated minor status is validated.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Adolescent/Emancipated Minor      Relationship to Patient      Date      Time

\_\_\_\_\_  
Signature of Witness      Printed Name      Date      Time

**Submit Form:**

1. **DELIVER PAPERWORK IN PERSON TO:** Baptist Medical Center Jacksonville, HIM Department, 800 Prudential Dr., Jacksonville, FL 32207 OR to your Baptist Health Physician Practice.
2. **MAIL NOTARIZED FORM:** Signature must be notarized if not submitting form in person. Mail notarized form to: Baptist Medical Center Jacksonville, HIM Department, Attention Patient Portal, 800 Prudential Dr., Jacksonville, FL 32207 OR to your Physician Practice.

**\*\*Note:** This form is **ONLY** to be completed by parents, legal guardians, adolescents, or emancipated minors. Completion of adult to adult portal access is completed by the patient in his/her patient portal.

STATE OF \_\_\_\_\_

(COUNTY OF \_\_\_\_\_ ) SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned Notary Public, personally appeared and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed above, and acknowledged that he/she executed it.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public



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PATIENT LABEL