



- To be used for:
- Authorized Personal Representative's Access to the Patient's Account
 - Patients age 12 years and above¹
 - Patients age 11 years and younger for a non-parent / non-guardian proxy

Patient's Full Name		DOB	
Proxy's Relationship to Patient	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		
Proxy's Full Name			
Proxy's Email Address			
Proxy's Phone Number			
Proxy's Full Address			

I, _____ (patient / authorized personal representative), request that the above-named individual be granted proxy access to the patient's patient portal account.

I understand that this person will be able to view portions of the medical record (including sensitive information as cancer, pregnancy or infectious disease related information). These include diagnoses, test results, medications, immunizations, allergies, past and future appointments, clinical notes and messages. Proxies will not be able to view messages that were flagged as sensitive and not sent to or by them.

I understand that I may request that the access of the above-named individual to the patient portal account be disabled at any time by contacting the clinic or hospital admitting staff or by calling 1-800-USC-CARE.

_____	_____	_____	_____
Date	Patient / Authorized Rep. Full Name	Patient / Authorized Rep. Signature	Relationship to Patient
_____	_____	_____	_____
Date	Witness's Full Name	Witness's Signature	Role

1. Patients younger than 13 years of age will not be able to access their own patient portal account due to the Children's Online Privacy Protection Rule ("COPPA").

Keck Medicine of USC Staff Use Only:
 The patient's medical condition renders the patient incapable of providing an authorization as determined by:
 Court Order or Attending Physician: _____

**PATIENT PORTAL PROXY ACCESS
 AUTHORIZATION FORM**

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