

HealthyU Patient Portal Proxy Authorization Form: Adult with Capacity

Instructions for completing this form: To request proxy access, please complete this form and email it (either as a scanned attachment or a photo of the form) to: CentraHealthyU@centrahealth.com. After the form is received and the information has been verified, you will receive a time-sensitive e-mail to establish proxy access.

For Patients: I have read and understand the information about proxy access for the HealthyU patient portal and the terms and conditions for using HealthyU. I understand that either I or my proxy must have a HealthyU account. I authorize Centra to create proxy access for the below named person to access my HealthyU account as my Adult Proxy for personal use purposes. I understand that this authorization also allows my health care providers to communicate with my Adult Proxy about my health using the communication tools in HealthyU. I understand that the information disclosed may be subject to re-disclosure by my Proxy and would then no longer be protected by privacy laws. I understand that I may revoke proxy access at any time by emailing CentraHealthyU@centrahealth.com from the email account associated with my HealthyU account. This authorization will remain in effect until my death, unless revoked by me. I understand that Centra will not condition providing of health care on whether I sign this authorization.

Patient Information		
Patient Name:	Date of Birth:	
Medical Record Number:		
Home Address:		
Email Address:		
Patient's Signature:	Date:	Time:

Granting Proxy access to:		
Proxy Recipient Name:	Date of Birth:	
Medical Record Number:		
Home Address:		
Email Address:		
Relationship to patient:	<input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other (specify)	
Proxy Recipient Signature:	Date:	Time:

Centra Health Use Only		
Proxy Identification Validated by:	Date:	Time:
Proxy Access Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment	
Proxy Deactivation Requested by:	<input type="checkbox"/> Patient <input type="checkbox"/> Proxy	
Proxy Deactivated by:	Date:	Time:

Patient Label