

My UKHealthCare Patient Portal Proxy Signup

If you are the personal representative (ex. parent, legal guardian, attorney-in-fact) of a UK HealthCare patient, you can complete this form to request "proxy access" to the patient's health information in the My UKHealthCare patient portal.

Note: Due to state and federal privacy laws, no new updates will be added to the accounts of patients age 12-18, although information up through age 12 will be available. On the patient's 18th birthday all proxy access will end; the patient may request their own access at that time.

You must complete a separate form for each patient for whom you are requesting proxy access. Once we receive your email address, look for an email from "Follow My Health." Follow the easy 1-2-3 directions in the email to set up an account.

Place label here

For Office Use Only

Intake Location: _____

Patient MRN: _____

Date of Invitation: _____

So that we can accurately match your email address with the right medical record, please provide the below information. This information will be used **ONLY** to protect your security by making an accurate match. This form will be destroyed once that match has been made.

Please print clearly:

Section I. Patient (ex. Child/Dependent) Information:

Patient's name:
 First: _____ Middle: _____ Last: _____

Patient's birth name (if different from above): _____

Street address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Last 4 digits of Social Security Number: _____

Phone number: _____ Mother's maiden name: _____

Section II. Requestor (ex. Parent/Legal Guardian) Information:

Requestor's name:
 First: _____ Middle: _____ Last: _____

Street address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Phone number: _____

Requestor's Email Address: _____

Relationship to Patient (check one): Parent Personal Representative – Documentation Required (ex. Guardianship, Power of Attorney, Court Order)

X _____
 Personal Representative Signature Relationship to Patient Date

Return this form with any required documentation to the patient's clinic or to Health Information Management (Chandler Hospital Pavilion H, Room C601 or Good Samaritan Hospital, Room B128). You may also mail it to: Health Information Management, Chandler Hospital, Room C601, 800 Rose St., Lexington KY 40536.

Please note that proxy access is granted entirely at the discretion of UK HealthCare and may be revoked at any time.