

## Saint Luke's

### Proxy Access to the mySaintLuke's Portal Record Requirements and Procedures

Adult patients may authorize another individual to have access to their mySaintLuke's portal record by completing the Patient Proxy Authorization on the back side after reading the information below.

Requirements for online access to a patient's record:

- Individual requesting access must have a Patient Proxy Authorization Form completed and signed.
- **Patients who are considered mentally incompetent cannot sign the Patient Proxy Authorization Form.** If the patient has been declared incompetent by a court and placed under guardianship, the guardian may complete the Patient Proxy Authorization Form without the patient signature provided proof of legal guardianship is submitted with the authorization form.
- Proxy portal accounts will require renewal every 3 years.
- Portal accounts will be de-activated if not accessed by the patient or proxy within 3 years.
- **mySaintLuke's portal is not to be used in an emergency.**

Procedures for creating proxy access:

- Saint Luke's will provide the requested proxy with an activation code to create a mySaintLuke's (MSL) account in order to view the portal record of the patient.
- You should receive a MSL Activation Letter with instructions on how to create a MSL account at the address you have provided within five (5) business days of receipt of a completed valid authorization form. If you do not receive the MSL Activation Letter within that time frame, please contact your provider's office or mySaintLuke's Customer Service at 844-446-5479, available 24 hours a day, seven days a week.
- **Please promptly activate your account upon notification.**

**Proxy access to a patient's record will be de-activated when the patient submits a written request or revokes access online.**

**Saint Luke's reserves the right to revoke online access to medical information at any time.**

**COMPLETE THE REQUIRED INFORMATION ON THE BACK SIDE**

Not a Part of the Permanent Medical Record



**Saint Luke's**

**Proxy Access to the mySaintLuke's Portal Record  
Adult Patient Proxy Authorization Form**

Please enter **Patient's** information below:

Patient's Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_  
(if known)

Address: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Email Address: \_\_\_\_\_ Gender:  Male  Female

**"I agree to allow the proxy, named below, access to my medical information through mySaintLuke's. I realize that by granting this access, my proxy will have access to the medical information currently available as well as medical information available as the result of future visits. This may include information including records relating to mental health care, communicable diseases, HIV/AIDS, treatment of alcohol/drug abuse and/or genetic testing. I understand I may revoke this access at any time by contacting my provider's office and I will receive an email acknowledging the revocation."**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**"I am the patient's legal guardian and can make this authorization on the patient's behalf"**

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please enter **Proxy** information below:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Last four digits of Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender:  Male  Female

Relationship to patient:  Son  Daughter  Spouse  Other

If Other, please specify: \_\_\_\_\_  
\_\_\_\_\_

**I have read and understand the requirements and procedures regarding accessing a patient's medical record information online as provided on the document titled Proxy Access to the mySaintLuke's Portal Record.**

**"I acknowledge the following (initial each):**

- \_\_\_\_\_ **I and my proxy have read and understand the requirements and procedures for accessing the medical record information online as provided on page one of this document.**
- \_\_\_\_\_ **I and my proxy will not share the created mySaintLuke's User ID and Password with others.**
- \_\_\_\_\_ **Information and alerts regarding mySaintLuke's will be sent to me and my proxy at the email address provided. If no email address is provided, information and alerts will be sent via mail at the address provided.**
- \_\_\_\_\_ **I and my proxy agree to abide by the terms and conditions of the mySaintLuke's site.**

**RETURN FORM TO FRONT DESK OF ANY CLINIC/OFFICE or HOSPITAL REGISTRATION**

**STAFF: Original** - email to proxyrequest@saintlukeskc.org, fax to HIM at 816-891-6072, or interoffice mail to SLN – HIM MSL Team  
**Copy** to patient/guardian