



Huntsville Hospital Patient Portal

PATIENT REPRESENTATIVE REQUEST

PATIENT INFORMATION

Full Name: _____

Date of Birth: _____

Street: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Note – All information is required for correct identification. If you have no phone or e-mail, state "N/A"

REQUESTED PATIENT REPRESENTATIVE

Full Name: _____

Date of Birth: _____

Phone: _____ E-Mail: _____

Huntsville Hospital keeps patient records in a computer system sometimes referred to as an Electronic Medical Record (EMR) or Electronic Health Record (EHR).

One of the benefits of the Patient Portal is to be able to share your medical information with others who may help you make medical decisions, take part in your care process, or otherwise are part of your life.

I hereby acknowledge and agree as follows:

- I **WISH** to allow the person identified above to have access to my Huntsville Hospital Patient Portal account.
- I **UNDERSTAND** that this will allow the named individual access to all of my medical information stored in the Huntsville Hospital Patient Portal.
- I **UNDERSTAND** that this will remain in effect until either of us asks that it be discontinued.
- This request may take up to **5 business days** to take effect.

Patient/Legal Representative Signature: _____ Date: _____

If Legal Representative, state Authority (circle):

Minor

Incapacitated Adult

Durable POA for healthcare

Other: _____

Completed and signed Patient Representative form should be addressed to HUNTSVILLE HOSPITAL PATIENT PORTAL Privacy Officer and may be delivered to HUNTSVILLE HOSPITAL PATIENT PORTAL by any of the following means. If you have any questions about completing the form, please call Patient Portal Support at (256) 265-4443

Mailed to:

Huntsville Hospital Patient Portal

101 Sivley Road

Huntsville, Alabama 35801

Faxed to:

256-265-4442

Emailed to:

support@nahie.org