



MY HUMBER HEALTH PROXY CONSENT & ACCESS FORM

My Humber Health is a secure, online tool that connects you to portions of your Humber River Hospital’s electronic health record. To request access to My Humber Health, please read this form carefully and complete the appropriate fields below.

Proxy Designation: *(For those requesting access to a patient’s My Humber Health record)*

PATIENT INFORMATION *(all sections required – please print clearly)*

Name (last, first, middle initial _____

Hospital# _____ Date of Birth _____ Phone Number _____

Address _____

City _____ Province _____ Postal Code _____

This section authorizes Humber River Hospital (HRH) to release your personal health information to another individual such as a second guardian (proxy). Please read it carefully. This section should be completed by the patient or substitute decision maker who is authorizing another person to access personal information on his or her behalf.

I am requesting that _____ *(insert first and last name of proxy)* receive access to my health information available in HRH’s My Humber Health portal.

Proxy’s Information

Relationship to Patient _____ Date of Birth _____

Email Address _____ Phone Number _____

Address _____

City _____ Province _____ Postal Code _____

This person is my designated My Humber Health Proxy

- I authorized HRH to release the health information contained in My Humber Health record to this Proxy.
- I authorized release of this information only through My Humber Health record. This form does not authorized release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may or may not be covered by privacy protections.

Participation in My Humber Health and designating a proxy is completely voluntary. I understand that I am not required to designate a proxy and I am not required to provide this authorization. I also understand that my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, HRH is not permitted to provide access to My Humber Health record to my designated proxy.

Form # 103104, version (11/16)



I may revoke this authorization at any time by providing a written request for revocation to HRH Health Record. I understand that if I revoke this authorization, my designated proxy's access to My Humber Health record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

My Humber Health User Agreement

- I understand that My Humber Health is intended as a secure online source of confidential medical information and that if another individual receives My Humber Health ID and password he/she may be able to view my health information. I agree that it is my responsibility to select a confidential password and keep it secure. I agree that I will not share My Humber Health ID and password. I will change my password if I believe it may have been compromised in any way. In the event I wish to provide access to My Humber Health to another individual, I will provide such individual with proxy access to My Humber Health record.
- I agree that it is my responsibility to ensure that the device used for accessing My Humber Health has an up-to-date operating system and adequate protection from online threats. I will not access My Humber Health using a public computer where I cannot be sure of the device security.
- I understand that My Humber Health contains selected, limited medical information from my health record and that My Humber Health does not reflect the complete contents of the health record. I also understand that a paper copy of my health record may be requested from HRH's Health Information Services Department.
- I understand that my activities within My Humber Health may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to My Humber Health is provided by HRH as a convenience to its patients and that HRH has the right to deactivate access to My Humber Health at any time for any reason. I understand that use of My Humber Health is voluntary and I am not required to use My Humber Health or to authorize a My Humber Health proxy.
- By signing below, I acknowledge that I have read and understand this: *My Humber Health Access Request Form* and this *User Agreement*. I further acknowledge that I will read the Terms and Conditions available at online activation.
- Where applicable, I agree to designate the person named above as a My Humber Health Proxy, thereby allowing them access to my personal health information.
- I agree that HRH is not responsible for any errors contained in the information I provided on this form, or any inappropriate release of information caused by those errors.
- I agree that HRH may contact me electronically with information about My Humber Health or to request feedback related to my experience using My Humber Health.

Signature of Patient

Date

Signature of Proxy

Date

Signature of Witness (Staff: Please witness both parties signing the form)

Date

Complete and Return to Clinic Receptionist or to HRH's Health Information Services Department. Any questions or concerns please phone 416-242-1000 ext. 82371. A welcome email with instructions will be sent to your email address within 5 business days.