

PATIENT PORTAL – HIPAA RELEASE & AUTHORIZATION FORM FOR ANOTHER PERSON TO USE PATIENT PORTAL ON PATIENT'S BEHALF

Patient:

	Address:			
		City/State/Zip:		
Date of	Birth:	Last 4 Digits of SSN:	Telephone Number:	
Portal Prox	xy (individual authorize	d by Patient to use and access the Shirley Ryan A	bilityLab Patient Portal on behalf of Patient):	
Name (p	orint):			
Email A	ddress:			
Address:			City/State/Zip:	
Date of	Birth:	Last 4 Digits of SSN:	Telephone Number:	
I, the unders Proxy name		e the release of information related to healthcare	services I have received at Shirley Ryan AbilityLab to the Portal	
		use and have online access to medical informatic rtal as a result of future medical care.	on about me that is currently available in the Patient Portal or that	
I further und	derstand and agree that:			
O	or mental health; sexual		any) may be disclosed about me regarding: HIV/AIDS; behavioral control; genetic testing; sexual assault/abuse; child abuse/neglect;	
> I	Health information discl	osed under this Authorization may be re-disclosed	l by my Portal Proxy to others.	
		alf of Patient must be sent from the Patient's reco be sent to the e-mail address on file in the Patient	ord. Responses to the Patient will be posted in the Patient's record. it's record.	
Γ <	> This authorization is subject to revocation/withdrawal by the Patient at any time in writing to Shirley Ryan AbilityLab's Medical Records Department, except to the extent that action has already been taken to release this information.			
Signature of	f Patient (or Patient's Le	gally Authorized Representative, if applicable)	Date	
Relationship	p of Legally Authorized	Representative to Patient (if applicable)		
Witness Sig	gnature (must be a third	party who is neither the Patient nor the Proxy)		
			rization above, and agree to use and access the Patient Portal on atient/Patient's Legally Authorized Representative and authorized	

Please complete and return to Medical Records by fax at 312-238-2900 or by e-mail at *medical records@sralab.org. You may also submit the completed form in person the next time you see your provider.

Relationship to Patient

Version Date: 12.09.21

Signature of Patient's Portal Proxy