



## CONSENT FOR PATIENT PORTAL ACCESS

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

*By signing, I certify that I am 18 and I understand all notifications of appointments and results will be sent to this email address.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please read the following options carefully and only select the one that applies.***

### **Proxy Access To Minors Medical Information Ages 0-11 +364 Days**

Please check this box; if you are the parent/guardian of a child *under the age of 12*, and you would like them proxied to your portal.

***If you checked this box, please fill in the following information:***

Parent/Guardian First and Last Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Parent/Guardian Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Proxy Access To Minors Medical Information Ages 12-17 +364 Days**

Please check this box; if you are a patient between the ages 12-18 and would like to be proxied to your parent's portal account. (Child's signature **required** for this access). *Per Vermont State Law, once a child is between the ages of 12 and 17 +364 days, there are certain instances where visits between a patient and provider can be considered confidential. These visits do not have to be shared legally with the parent(s)/Guardian(s). Because of this law, we do need to have permission from the patient in writing to allow NMC staff to work with parent(s)/Guardian(s) on creating their own portal.*

***If you checked this box, please fill in the following information:***

Parent/Guardian Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

*By signing, I certify that I understand this allows my parent/guardian online access to my personal health information. I also understand that I can revoke this access at any time by calling 802-524-1288, and that if I do not revoke this access when I turn 18, my parent/guardian will continue to have access to my health information.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





**Minors Ages 12-17+364 Days Enrolling with their own Email Address**

Please Check this box; if you are a patient in this age range, and you want to enroll in the portal using your own email address.

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Minors Ages 12-17+364 Days Enrolling with A Shared Email Address**

Please check this box; if you are a patient in this age range, and you would like to enroll in the portal using a shared email address.

Shared Email Address: \_\_\_\_\_

Who You Share This Email With: \_\_\_\_\_

*By signing, I certify that I understand all notifications of appointments and results will go to this shared email adress.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Proxy Access To Other Individual**

Please check this box to authorize the following individual to view your Medical Information as your proxy. Please note, the person named below *must* have their own portal first before they can gain access to your Medical Information.

***If you checked this box, please fill in the following information***

Proxy First and Last Name: \_\_\_\_\_

Proxy Relationship to Patient: \_\_\_\_\_

Proxy Email Address: \_\_\_\_\_

*By signing, I certify that I understand that the individual named above will have the same access and privileges that I have for the Patient Portal. I understand that this allows my proxy online access to my personal health information. I also understand that I can revoke this access at any time by calling 802-524-1288, and that this access does not expire until I revoke it.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Please return this form to Health Information Management at NMC by one of the following:

EMAIL:  
[HIM@NMCINC.ORG](mailto:HIM@NMCINC.ORG)

FAX:  
802-524-1030

MAILING ADDRESS:  
133 Fairfield St.  
St.Albans, VT 05478

If you have questions, please call Health Information Management at 802-524-1288

