

PATIENT PORTAL PROXY REQUEST

Please complete all fields. Incomplete or illegible forms will not be accepted.

You must present this completed form and provide photo identification in order to register yourself as a proxy.

Once you have registered, for the Patient Portal, you will receive an email invitation from Trinity Health with instructions on how to complete your registration. Please allow up to 5 days for processing.

Proxy's Name: _____

Date of Birth: _____ Phone: _____

Proxy Email Address: _____

WARNING: The e-mail address you choose for your patient portal should be accessible only to you. Be aware that work e-mail addresses are typically the property of the employer and therefore often not secure or confidential. The UND Center for Family Medicine is not responsible for the security or confidentiality of the e-mail address you choose to use.

Patient's Name: _____

Date of Birth: _____ Relationship to Proxy: _____

Challenge Questions (Choose Only One)

Challenge Answer (Answer Only One)

What are the last 4 digits of your SSN? _____
 What year did you get married? _____
 What year did you graduate high school? _____
 What year was your mother born? _____

The challenge answer is required to complete the Patient Portal proxy registration

Signature

Date

I believe that I have legal access to this patient's chart because:

- I am the legal guardian for this patient. (proof of guardianship is required)
- I am the patient and want access granted to my proxy as listed above.
- Other: _____

Proxy access will automatically revoke on the patient's 14th birthday. Patients may revoke access at any time.

FOR OFFICE USE ONLY

A copy of the requestor's photo ID must be attached to this form.

ID verified by: _____

Date: _____

Registration completed by: _____

Date: _____

