



WHERE THE WORLD COMES TO GET BACK IN THE GAME

MyHSS Proxy Access Request Form (Minor Patient/Legal Guardian)

Parents and legal guardians (collectively, "Legal Guardians") of minor (age 0-17) patients of Hospital for Special Surgery, its affiliated entities, and members of its Medical Staff (collectively, "HSS") can obtain proxy access to the MyHSS account of such minor patients.

Requirements to establish and maintain proxy access to a minor patient's HSS record via MyHSS:

- The Legal Guardian must complete this Form to document his/her request for proxy access for the minor patient whose information he/she requests Proxy Access for via MyHSS.
The Legal Guardian must submit the completed form to appropriate HSS staff for processing.
The Legal Guardian who obtains proxy access must have his/her own MyHSS account.

When the individual with proxy access logs into his/her MyHSS account, the following requirements will apply:

- The individual must log into MyHSS with his/her own User ID & Password;
The individual must click on 'View Other Records' to access the HSS patient's online record; and
The individual must agree to abide by the HSS's MyHSS Terms & Conditions of Use.

HSS reserves the right to terminate a Legal Guardian's proxy access to MyHSS at any time.

Please enter the Patient's information below:

Form with fields for Patient's Name, Date of Birth, Address, Sex (Male/Female/Other).

Please enter the Proxy's (Legal Guardian's) information below:

Form with fields for Proxy's Name, Date of Birth, Address, Sex (Male/Female/Other), Relationship to Patient.

I hereby attest that I am a Legal Guardian of the minor Patient named above. I hereby authorize HSS to grant proxy access to me as a MyHSS Proxy for the minor Patient named above, for whom I am Legal Guardian. I understand and agree that proxy access will allow me to access the medical information of the Patient that is currently available via MyHSS and all medical information that may become available via MyHSS as a result of the Patient's future medical care at HSS. I understand my access to MyHSS as a proxy is governed by HSS's MyHSS Terms & Conditions of Use. I understand I may revoke this proxy access at any time by notifying HSS's Privacy Officer in writing and that HSS may terminate my MyHSS proxy access at any time.

Date Legal Guardian's Signature Legal Guardian's Name (printed)