



WHERE THE WORLD COMES TO GET BACK IN THE GAME

MyHSS Proxy Access Request Form (Adult Patient and Proxy)

Adult patients of Hospital for Special Surgery, its affiliated entities, and members of its Medical Staff (collectively, "HSS") can grant proxy access to their MyHSS account to other adults.

Requirements for establishing proxy access to an adult patient's HSS record via MyHSS:

- An adult HSS patient must complete this Form to request proxy access for another adult to information in that patient's MyHSS account.
- The completed form must be submitted by the patient to appropriate HSS staff for processing. The HSS staff member will verify the identity of the patient/requestor before approving the proxy access request.
- The individual who the patient has requested to have proxy access must have his/her own MyHSS account. If that individual does not have a MyHSS account at the time the request is made and approved, HSS staff will establish a MyHSS account for that individual.

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.

Proxy access to a patient's record will be revoked when the patient or the proxy submits a written request to the HSS Privacy Officer. HSS reserves the right to terminate an individual's proxy access to MyHSS at any time.

Please enter the **Patient's** information below:

Patient's Name: _____	Date of Birth: _____
Address: _____	Sex: ___ Male ___ Female ___ Other

Please enter the **Proxy's** information below:

Proxy's Name: _____	Date of Birth: _____
Address: _____	Sex: ___ Male ___ Female ___ Other
_____	Relationship to Patient: _____

I hereby authorize HSS to grant proxy access to the individual named above as my MyHSS Proxy. I understand and agree that proxy access will allow that individual to access my medical information that is currently available via MyHSS and all medical information that may become available via MyHSS as a result of my future medical care at HSS. I understand I may revoke this proxy access at any time by notifying the HSS Privacy Officer in writing and that HSS may terminate my proxy's MyHSS proxy access at any time.

Date

Patient Signature

Patient's Name (printed)