

**Proxy Access and Authorization Form
Access to a Child, Teen, or Adult
Huntington Health, My CS-Link
Record**

This form should be completed by a parent or permanent legal guardian (“Proxy”) who wants to request access to another patient’s (or your child’s) My CS-Link Record. The Proxy will need to show a photo ID and/or relevant legal or court documents asserting their right to make such request.

Please complete all pages of this Proxy Access and Authorization Form. Access to the child, teen or adult’s My CS- Link Record will be through *your* My CS-Link Account.

Select one (1) from the following Proxy Access options and follow the instructions with that section(s).

- Child Proxy-** If the patient is a minor between the ages of 0-11, Proxy will be granted full access to the minor patient’s My CS-Link Record until the child reaches age 12. The day before the 12th birthday of the patient, all proxy access is automatically switched to no access. Complete sections 1, 2, and 3 of this form.
- Teen Proxy-** If the patient is a minor between the ages of 12-17, Proxy access is limited to ensure privacy for our patients in accordance with the California Confidentiality of Medical Information Act (CMIA) State Laws around adolescent confidentiality rights. For example, Proxy will not have access to certain aspects like teen’s medical notes or test results but can view teen’s upcoming visits with all providers and message providers on behalf of teen. The day before the 18th birthday of the patient, all proxy access is automatically revoked and new proxy access must be pursued to re-establish proxy access, if the patient desires. Complete sections 1, 2, 3, and 4 of this form.
- Adult Proxy and Proxy Access for Minor Patient with Legal Authority to Consent** - If the patient is an adult (18 or older) OR minor patient is emancipated, married, self-sufficient, on active duty with Armed Forces, or otherwise has legal authority to consent for self, consent from the patient or permanent legal guardian is required for Proxy access to the patient’s full My CS-Link record. Complete sections 1 and 4 for this form.
- Proxy Access for Patients Without Decision-Making Capacity-** Consent from the permanent legal guardian is required to access the patient’s My CS-Link record. Complete sections 1, 2, and 3 for this form. The patient’s physician should complete the Physician Certification section of this form.

Please return the completed form to the patient’s physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient’s medical record and proxy access established once identity has been verified.

Section 1: Parent/Permanent Legal Guardian (“Proxy”) Information

In order to view the patient’s information, the Proxy must also *obtain their own My CS-Link account*.

Proxy’s Name: _____ DOB: _____

Last Four SS#: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Patient: _____

Note: Legal documents may be required, e.g., power of attorney for healthcare, court order, etc.

Section 2: Patient’s Name: (Please print clearly)

If you have more than one patient for whom you would like proxy access, please print and complete another form.

Patient’s Name: _____ DOB: _____

Medical Record Number (if known): _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Section 3: User Acknowledgment of Terms and Conditions for Use of Huntington Health My CS-Link Record.

By signing below, I acknowledge and agree that as the Proxy:

1. I will be using my own My CS-Link account to access the patient’s, for whom I am requesting proxy access, My CS-Link account.

Please return the completed form to the patient’s physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient’s medical record and proxy access established once identity has been verified.

Patient Label

2. I will comply with the terms and conditions on the My CS-Link web page (located at <https://patients.mycslink.org>, then select the Terms and Conditions link on the page) and this document.
3. I will keep my password confidential and not share this information with anyone.
4. I must have parental rights or permanent legal guardianship rights or the patient's consent to access this patient's record.
5. I have not been denied periods of physical placement with the patient and there are no court orders or restraining orders in effect limiting my access to this patient's medical records and/or information.
6. Communications on behalf of the patient through My CS-Link must be sent from the patient's record and responses will be received in the patient's record.
7. There are age range limitations for My CS-Link. These age range limitations do not affect any legal right I have to access the patient's record by other means. Furthermore, I understand that Huntington Health My CS-Link Chart does not reflect the complete contents of the medical record, and I can request a paper copy of the patient's record by contacting the Medical Records Department at (626) 397-5054.
8. For a patient age 0 to 11 years, I will be granted full access to the patient's My CS-Link record. On the patient's 12th birthday, I will no longer have access to the patient's My CS-Link record.
9. For a patient 12-17 years, I will be granted limited access due to California State confidentiality laws specific to teen patients. On the patient's 18th birthday, I will no longer have access to the patient's My CS-Link record.
10. I authorize the Use or Disclosure of Electronic Protected Health Information.
11. I understand that access to Huntington Health My-CS Link Record is provided by Huntington Health as a convenience to its patients and that Huntington Health has the right to deactivate access to My CS--Link Record at any time for any reason. I understand that the use of My CS-Link Record is voluntary and that I am not required to use Huntington Health or to authorize My CS Link proxy. Huntington Health reserves the right to revoke online access to My CS-Link at any time.
12. I understand that in some cases lab/test results will be released without prior provider review or without prior consultation between patient and the health care provider.
13. If my legal status changes, I will notify Huntington Health's Medical Records Department at (626) 397-5054.

X _____ / _____ / _____
Proxy Signature Proxy Name-Printed Date

Please return the completed form to the patient's physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient's medical record and proxy access established once identity has been verified.



Section 4: This section is an authorization that will allow Huntington Health to release your health information to your designated adult proxy. This form should be completed by the patient who is authorizing another person to access the health information in his or her My CS-Link Record.

Patient Name: _____ DOB: _____

Last Four of SS#: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize Huntington Health to grant access to all my health information in My CS Link Record. This may include sensitive information.

Proxy Representative _____ DOB: _____

Last Four of SS#: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to me: _____

Notice/Restriction: California law prohibits the Proxy Representative from making further disclosure of your health information unless the recipient obtains another authorization from you or unless the disclosure is permitted by law. This protection may not extend to recipients outside the state of California. This authorization does NOT allow my Proxy Representative to (1) make health care decisions of my behalf OR (2) access my health information other than via My CS-Link online.

Your rights/Expiration of Authorization:

As the patient/patient representative, you have the right to request a copy of this authorization.

Unless otherwise revoked, the authorization for My CS Link Record Access shall be valid for 5 years or until terminated by the patient or Proxy electronically or in writing. I

Please return the completed form to the patient's physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient's medical record and proxy access established once identity has been verified.



Patient Label

may refuse to sign the authorization at any time electronically or in writing. If written, the revocation must be signed by me or in my behalf and sent to the Medical Records Department via mail, fax, or email.

Mail to: Huntington Health, Medical Records Department, 100 W. California Blvd., Pasadena, CA 91105

Fax: (626) 397-2980

Email: medicalrecordsreleaseofinformationdept@huntingtonhospital.com

The revocation is effective upon receipt but will have no impact on uses or disclosures made while the authorization was valid.

By signing below, I authorize the My CS-Link access disclosure and I read, understand and agree to the My CS-Link Terms and Conditions.

Patient Signature: _____

Date: _____

For Official Use:

1. I have given a photocopy of the signed My CS-Link Authorization document to the patient.
2. I have viewed the Proxy's government-issued ID on _____ by _____

Signature of Huntington Health Representative _____

Printed Name of Huntington Health Representative _____

Patient Name: _____

Patient DOB: _____

Patient MRN (optional): _____

Please return the completed form to the patient's physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient's medical record and proxy access established once identity has been verified.

Physician Certification

Based on information provided to me**, I have determined that it is appropriate for the Proxy to have access to the patient's My CS-Link account for purposes relevant to the Proxy's role as a caregiver of the patient. This information may include a health care directive previously signed by the patient/legal guardian or other information available to me, together with my determination of the patient's lack of medical decision-making capacity.

X _____ / _____ / _____ / _____
Physician Signature Physician Name (printed) Date Time

**** Comments on Physician Certification**

There are a variety of circumstances in which an adult would be making decisions for a patient who lacks medical decision-making capacity. The physician will need to determine whether it is proper for an adult to be given proxy access to a patient's My CS-Link account if the patient lacks the capacity to provide authorization for the access. The following are observations for guidance.

1. If the patient, at a time when he or she had decision-making capacity, completed a form of legal authorization to make health care decisions for the patient such as an advanced health care directive or health care power of attorney, the agent ("Agent") named in that document may be given proxy access if the patient has lost decision-making capacity. (Be sure to review the document to confirm the authority given).
2. Often the agent does not live near the patient and the agent has delegated day-to-day caregiving responsibility to a local caregiver. In such cases, the agent would need to authorize the release of health information to the local caregiver using authorization forms compliant with federal and California law. Upon receipt of the authorization, the physician should be comfortable giving proxy access.
3. If the physician has an established relationship with the patient, has determined the patient lacks decision-making capacity, and the same caregiver is the clinical decision-maker, it may be appropriate for the physician to approve proxy access for that caregiver.
4. If the patient's capacity to make clinical decisions returns, this proxy access should be terminated.

Please return the completed form to the patient's physician office or primary care doctor, or the Medical Records Department. Completed forms should be scanned into the patient's medical record and proxy access established once identity has been verified.