



\* PROXY13TO17 \*  
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ACMH Hospital Proxy Access  
For Patients 13-17 Years Old

Minor Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Patient Email: \_\_\_\_\_

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

Proxy access is being granted to the individual below which is a parent or legal guardian involved in your healthcare. Because you are age 13 or older, you have the right to privacy regarding your health information in the ACMH Hospital Patient Portal and are not required to designate a Patient Portal Proxy. If you decide to designate a Proxy, the Proxy will have full access to your Portal. This information may include information related to the diagnosis and/or treatment of HIV, mental health, drug and alcohol-related conditions, pregnancy, and/or sexually transmitted diseases. ACMH Hospital is not liable for any redisclosure or unauthorized use of information by a Proxy. You may always decide to revoke your Proxy's Access by contacting the ACMH HIM Department.

Proxy Information

Printed name of parent/guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to Patient:  Parent  Guardian

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

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

Mail to:  
ACMH Hospital  
Attn: HIM Department  
1 Nolte Drive  
Kittanning, PA 16201

Fax to:  
724.543.8498

Questions:  
Proxy Help Line: 724.548.3804

Walk In Service:  
Entrance E, follow signs to:  
Medical Records/Health Info Management  
Monday-Friday 8am- 4pm

<b>ACMH HIM USE ONLY</b>		
MINOR PATIENT MRN:	PROXY MRN:	IMPLEMENTATION/EPISODE DATE: ____ / ____ / ____