



WAYNE MEMORIAL HOSPITAL "myWMH"
PATIENT PORTAL PROXY ENROLLMENT FORM
(Please write legibly)



For questions about completion of this form or the myWMH Patient Portal - 570-253-8417

PATIENT INFORMATION:

Name:		Date of Birth:
Street Address:		WMH Medical Record # ("M" Number):
City:		Phone Number:
State:	Zip:	Last 4 of SSN:
Email:		

Please indicate the proxy type you are requesting below:

<input type="checkbox"/> Adult-to-Child (Age 0-13) (Access to your minor child's record)	If your child is age 0-13 years: You will be granted full access to your child's portal via a Proxy account.
<input type="checkbox"/> Adult-to-Adolescent Child (Age 14-17) With your child's consent and their signature below , you may obtain portal access via a Proxy account	If your child is age 14-17 years, federal and state laws do not permit access to certain types of your child's medical information without your child's consent (such as drug & alcoholic, mental health, reproductive health and certain diseases). This is the law, it is not WMH policy.
<input type="checkbox"/> Adult-to-Adult (Age 18 and older)	The patient or the patient's legal representative must sign this form to provide authorization for WMH to establish a Proxy account.
<input type="checkbox"/> Legal Representative (Must provide supporting documentation) (Check one of the boxes to the right)	<input type="checkbox"/> Legal Guardian (Court Order) <input type="checkbox"/> Power of Attorney for Healthcare <input type="checkbox"/> Other: _____

Proxy/Authorized Representative Information:

Name:		Date of Birth:	
Street Address:		Phone Number:	
City:	State:	Zip:	
Email:			

Patient: I understand that:

- Granting proxy access is voluntary. I am not required to grant another person access to my portal account.
- I am granting this person access to my personal health information in the form of proxy portal account.
- I may terminate this Proxy's access to my patient portal account at any time by contacting WMH.

Proxy/Authorized Representative: I understand that:

- I have access to this patient's personal health information. I may not share my login or password with another person.
- It is my responsibility to select a confidential login name and password, to maintain this data in a secure manner and to change this password or contact WMH immediately if I believe it may have been compromised in any way.
- Any access to the myWMH Patient Portal is provided as a convenience to patients and their proxy/authorized representatives. WMH has the right to revoke this access at any time, for any reason.
- It is my responsibility to ensure that my e-mail address is current at all times. I understand that if my email is not current, I will not receive notification of messages regarding this patient.

By signing below, I acknowledge that I have read and understand this Patient Portal Proxy enrollment form and I agree to its terms. I choose to designate the person named above as my Proxy/Authorized representative thereby allowing them to access my medical record information via the myWMH Patient Portal account.

Signatures:

Signature Of Patient:		Date:
Relationship to Patient	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other: _____	
Signature Of Proxy:		Date:



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Requirements for access to a patient's portal account:

- Adult-to Adult Proxy must be submitted by the patient and signed by both parties.
- Adult-to-Adolescent Child can be submitted by the parent but must be signed by both parent and child
- Adult-to-Child can be submitted by the legal guardian and requires only the legal guardians signature.
- If proxy requestor is the Power of Attorney, appropriate documentation must be provided.
- If patient unable to complete this form, please contact the Wayne Memorial Hospital Medical Records Department at 570-253-8417
- Both the patient and the Proxy must provide a valid email address.

Revocation of Access: Reasons WMH would revoke proxy portal access:

- Change in guardianship for minors
- Adoption
- Child turns 14 years of age (Adult to Adolescent form will need to be completed)
- Child advised WMH of emancipation
- Court ordered custody or power of attorney change
- Misuse of portal account

Procedures:

1. Complete the Patient Portal Proxy Enrollment Form: All information must be entered as indicated in order to successfully process your request. If the information provided does not match our records, we will contact you. All the information you provide during the registration process is confidential and will be processed through secure internet servers.
2. Email Link: You will receive a myWMH Username and Password information via e-mail. Upon validating your submission, a one-time User Name, Password and login instructions will be emailed to you. This email link will be valid for 7 days once received.
3. Activate your account: When you receive your user name and password, return to myWMH Patient Portal via the link provided in the email and complete the steps provided to activate your account.
4. Self-Enrollment: In order to self-enroll the patient must have an email address on file. Having an SSN on file is helpful if the patient does not know their WMH Medical Record Number ("M"number)
 - Medical Record Number (MRN): Each WMH patient has a unique MRN. Your Wayne Memorial Hospital Medical Record Number is the number preceded by the letter M.
 - You do not have to include the zeros following the letter M (Example: M000302232 is entered as M302232).
 - Your medical record number can be found on most medical record information you have received from Wayne Memorial Hospital.
 - It will be located on the patient label affixed to these documents. If you cannot locate your MRN, call the Medical Record Department for further instructions at 570-253-8417 Monday through Friday 7:00 am – 3:30 pm.
5. Shared Access: Patients that have their own myWMH Patient Portal account can invite other people to view their portal information. This is done using the myWMH "Share Access" feature.
6. Legal Representative: You must notify Wayne Memorial Hospital immediately of any change in your
7. Legal representation (e.g. Power of Attorney).