



**PATIENT PORTAL
THIRD PARTY ACCESS AUTHORIZATION FORM**

Patient Name: _____ **Date of Birth:** _____
Last First M.I.

Address: _____
Street Address City, State Zip Code

Telephone #: _____ **Medical Record #:** _____ **Social Security #:** _____
Last 4 digits

Provider Name (if known): _____

By signing this Third Party Access Authorization Form, I understand that I am giving the individual listed below permission to access my MySite Patient Portal and all of the information posted there, including: my health summary, current problem list, current medications, lab results, appointment information and other protected health information (“PHI”).

I further understand that:

- This individual may be able to view sensitive information, including information relating to:
 - Acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, and other sexually transmitted diseases (STDs);
 - treatment for drug or alcohol abuse;
 - mental or behavioral health or psychiatric care; and
 - results of genetics testing.
- This individual will have access to my MySite Patient Portal until my account is cancelled or deactivated or I revoke this individual’s access in writing as described below.
- My Patient Portal may contain records that were created or existing on or before the date this form was signed.
- In the event, this individual shares or re-sends any information from my Patient Portal it may no longer be protected by federal or state privacy laws.
- I have the right to revoke this authorization at any time, and terminate this individual’s access to my account. I understand that if I want to revoke this authorization, I must do so in writing to the Director of Health Information Management or the Privacy Officer of the hospital.
- I can also change my password or ask any of the Beth Israel Deaconess Hospitals in Milton, Needham, and Plymouth to close my account at any time.
- I may request a copy of this form.

X _____
Patient Signature Date

X _____
Patient’s Legal Representative Signature Date Relationship

