



Personal Access to the Online Medical Record of an Individual Other than Yourself

I understand that MyPrevea is for the access of personal information regarding only my spouse, my parent, the adult whom I care for, or whom I am the legal guardian of on the “Authorization Form for an Individual Other than Yourself Access to the Online Medical Record of an Adult.” I understand that MyPrevea is NOT to be used in an emergency. I understand that it is my responsibility to maintain my password in a secure manner and to change it if I feel that it has been compromised in any way.

I understand that I am accessing the following information about my spouse, my parent, the adult whom I care for, or whom I am the legal guardian:

- Basic laboratory results
- Communication between the provider and his/her nurse and myself
- Ability to review, request, or schedule appointments
- Request prescription refills
- Summary information about my medical

The information disclosed in MyPrevea will allow me to play a more active role in the health care of my spouse, my parent, the adult whom I care for, or whom I am the legal guardian. I understand that additional information may be made available to me as MyPrevea continues to evolve.

I understand that my activities are within MyPrevea.com are tracked by computer audits and the entries that I make will become part of a medical record of the person listed on the “Authorization Form for an Individual Other than Yourself Access to the Online Medical Record of an Adult.”

I understand that by signing this agreement, I must provide Prevea documentation of my authorization to access the protected health information of my spouse, my parent, the adult for whom I care for, or whom I am the legal guardian. I understand that a written request must be made to cancel or revoke this authorization and that any actions taken or accesses prior to cancellation were authorized by my signature and date on the “Authorization Form for an Individual Other than Yourself Access to the Online Medical Record of an Adult.”

I understand that Prevea Health has the right to de-activate access to MyPrevea for unauthorized or inappropriate actions on my part.

By signing the “Authorization Form for an Individual Other than Yourself Access to the Online Medical Record of an Adult,” I am acknowledging that I understand the disclosure of my protected health information for my spouse, my parent, the adult for whom I care for, or whom I am the legal guardian.



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P.O. Box 19070, Green Bay, Wisconsin 54307-9070
(920) 496-4700 ■ (888) 2PREVEA ■ www.prevea.com

Authorization Form for Access to an Individual Other than Yourself to the Online Medical Record

Patient's name: _____

Patient's address: _____

Date of Birth: _____

Female: _____

Male: _____

Former name(s), e.g. maiden name: _____

E-mail address for MyPrevea messages about this person's medical care:

Person(s) Responsible for Patient

Name: _____

Address: _____

Date of Birth: _____

Female: _____

Male: _____

Former name(s), e.g. maiden name: _____

Relationship to patient: Spouse _____ Parent _____ Daughter _____ Son _____ Other _____

If other, please specify: _____

Do you have a MyPrevea account? Yes _____ No _____ Unsure _____

You must have a MyPrevea account to access this patient's medical record. If you do not have a MyPrevea account, you must complete and submit the Authorization Form for Personal Access along with this form.

I have read and understand the requirements and procedures for accessing this patient's medical record online as provided in the document "Personal Access to the Online Medical Record for an Individual Other than Yourself."

I certify that I am responsible for the patient above and that all of the information that I have provided correct. I hereby request access to this patient's online medical record.

Date

Signature

Please complete, sign and return this form to any Prevea Health Care or to:
Prevea Health Attn: MyPrevea Help Desk
P.O. Box 19070
Green Bay, WI 54307-9070

You may also fax this form to (920)-431-3128

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*For office use only: send to Scanning

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