



My BMH Health Proxy Access:
Power of Attorney/Legal Guardian
Proxy Request Form- Adult Patient
(For adult incapacitated patients)

Patient Information:

Patient Name: Last First M.I Date of Birth:
Address: Phone:

Medical Record Number: Last Four Digits Social Security Number:
(Optional)

I am the power of attorney or legal guardian for the above-named incapacitated adult patient. I am requesting access to the My BMH Health Record for viewing the above patient's records over the internet.

I understand that if any of the following apply to this patient, these records may also contain information related to: (1) acquired immune deficiency syndrome (AIDS) or human immune deficiency virus (HIV); (2) treatment for drug and alcohol abuse; (3) sexually transmitted diseases, contraceptive use, or birth control; and (4) mental or behavior health treatment, as well as medication prescribed that relate to these conditions.

By signing this proxy request, I am confirming that I am the power of attorney or legal guardian for the patient and that I have provided the most current documents to support this to the BMH Medical Records Department. I am confirming that I am not aware of any dispute as to my role as the power of attorney or legal guardian.

I understand that if my authority as power of attorney or guardian ends, I am to contact BMH Medical Records Department to terminate my access to the patient's records and I agree to stop accessing the records immediately.

I understand that I am to provide the appropriate legal documents and identification in person to the BMH Medical Records Department; however, if I am unable to do so in person, I understand that this form must be notarized.

Print name of power of attorney/guardian

Signature of power of attorney/guardian Date:

Email Address of power of attorney/guardian:

COMPLETE THE FOLLOWING IF UNABLE TO APPEAR IN PERSON:

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF BUTLER :

On this, the ___ day of ___, 201___, before me, a Notary Public, the undersigned officer, personally appeared ___ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public (SEAL)