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### Highpoint Health Patient Portal PROXY Registration Form

Please fill out this form as completely as possible. If you do not know your Medical Record Number, leave the field blank. **You must present this form along with photo identification in order to register a proxy.**

Your Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Today's Date \_\_\_\_\_

Medical Record Number \_\_\_\_\_

#### **Proxy (Who are you giving access to):**

Proxy Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Patients who permit proxy access of their records do so at their own risk.** Proxy access may be terminated by the patient at any time, without proxy consent, by contacting the Patient Portal help line at 812-537-8488.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_