

PATIENT REQUEST FOR MYDOVETALE PROXY FORM

Information and Instructions

Patients (with full capacity, who are 12 or older) may grant another individual the right to access their MyDovetale account by authorizing a "proxy". A proxy may or may not be a patient of St. Joe's. Proxies can be assigned varying levels of access to a patient's MyDovetale account. MyDovetale may not be appropriate for all patients and/or proxies. Other methods of access can be facilitated. If are looking to grant another individual access to your MyDovetale account, please complete this form and send it to mydovetale@stjoes.ca. Alternately, you may fax it to: (905) 521-6096

If you are looking to request access to the MyDovetale account of a minor child or incapacitated patient, please see the "PROXY REQUEST FOR MYDOVETALE ACCOUNT ACCESS FORM". You must also submit supportive legal documentation attesting to your authority.

If you wish to access the full contents of your St. Joe's medical record, please submit a request in writing to our Health Information Management Department by email: relinfo@stjoes.ca. For additional information about the request process or information about our privacy protection practices, please visit our website at www.stjoes.ca/privacy

PART A: PATIENT INFORMATION

Name: _____ Initials: _____

First Last

Address: _____

Unit Number/Street City/Province Postal Code

Telephone Number: () _____ Date of Birth: _____

yyyy/mm/dd

Email Address: _____

Do you have an active MyDovetale account:

- Yes
- No

If no, do you want to be registered for one?

- Yes
- No

PART B: PROXY INFORMATION

Name: _____ Initials: _____

First Last

Address: _____

Unit Number/Street City/Province Postal Code

Telephone Number: () _____ Date of Birth: _____

yyyy/mm/dd

Email Address: _____

Does your proxy have a personal MyDovetale account?

- Yes
- No

Has your proxy ever been a patient at SJHH?

- Yes
- No
- Unknown

****Please select one of the options below indicating the type of Proxy access you wish to be granted****

| | |
|--|---|
| <input type="checkbox"/> Clinical Proxy | You will have full access to all information in the patient's MyDovetale account, including the ability to schedule and message on behalf of the patient. |
| <input type="checkbox"/> Read-Only Clinical Proxy | You will have full access to all information in the patient's MyDovetale account. You will not be able to schedule or send messages on behalf of the patient. |
| <input type="checkbox"/> Scheduling & Messaging Proxy | You will have no access to view any other information in the patient's MyDovetale account, however, will have the ability to schedule and message on behalf of the patient. |

PART C: AUTHORIZATION

By signing this form, I acknowledge and attest to the following:

- I understand that I am responsible for complying with the Terms and Conditions of MyDovetale.
- I understand that my or my designated proxy's access privileges may be revoked at any time.
- Participating in MyDovetale and selecting a proxy is voluntary decision made freely and without coercion.
- I understand that I may revoke proxy authorization in MyDovetale at any time or I may contact the Health Information Management Department for assistance.
- I understand that the individual I identified above will be provided proxy access to my MyDovetale account. As such, they may be exposed to my personal health information, MyDovetale messages and scheduling information. Based on the access I grant my proxy, they may act on my behalf.
- I am aware that that all medical information contained in my MyDovetale account is obtained from my SJHH electronic medical record.
- I understand that if I am 12-15 years old, a proxy will no longer have access to my MyDovetale account as of my 16th birthday. Once I am 16, I may choose to reinstate or designate proxies – as I see fit.
- SJHH is not liable for the actions taken by my proxy.

Signature

Printed Name

Title

Date (yyyy/mm/dd)

PLEASE SUBMIT COMPLETE FORMS TO: mydovetale@stjoes.ca or fax to: (905) 521-6096