

PROXY REQUEST FOR MYDOVETALE ACCOUNT ACCESS FORM

Information and Instructions

An individual with adequate authority to act on behalf of a minor patient (under 12) or a patient without capacity may request proxy access to the patient's MyDovetale account. The proxy may or may not be a patient of St. Joe's. A proxy 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 you are looking to request proxy access, please complete this form (note: provide responsive supportive legal documentation attesting to your authority to act on behalf of the patient – if applicable) and email it to: mydovetale@stjoes.ca. Alternately, you may it fax to: (905) 521-6096

If you are a patient who is 12 or older, with full capacity, and are looking to designate a proxy, please see the "*PATIENT REQUEST FOR MYDOVETALE PROXY FORM*"

If you wish to access the full contents of a patient's 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: _____

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: _____

Do you have personal MyDovetale account?

- Yes
- No

Have you ever been a patient at SJHH?

- Yes
- No
- Unknown

MINOR PATIENTS (UNDER 12 YEARS OF AGE)

- Individuals requesting access to a minor patient's MyDovetale account must have parental or legal guardianship rights and may be granted access to the minor's MyDovetale account.
- When a minor reaches 12 years of age, a proxy will no longer have access to the patient's MyDovetale account. The minor will assume full responsibility of their account and may assign proxy access as they see fit.

My relationship to the minor patient is:

- Parent** (biological Mother or Father)

Is there a court order in effect limiting your access to the minor's medical records and information?

- Yes
- No

- Permanent Legal Guardian of the Minor**

You must attach a copy of the Court Order Appointing Guardian and Letters of Guardianship to verify the Proxy's status.

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"/> Scheduling & Messaging Prox	You will have the ability to schedule and message on behalf of the patient, but will not have access to view any other information in the patient's MyDovetale account

ADULT PATIENTS LACKING CAPACITY

Individuals requesting access to an adult patient's MyDovetale account must be the patient's legal representative, and shall provide supporting documentation substantiating their authority.

My relationship to the adult patient is:

- Legal Representative of the patient
 - o Substitute Decision Maker ("SDM")
 - o Power of Attorney for Health Care ("POA")
 - o Legal Guardian (with Court Order)
 - o Other: _____

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.

****Please append a copy of the legal paperwork verifying your authority to act on behalf of the patient****

PART C: AUTHORIZATION

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

- o All information provided during this process is true and current, to the best of my knowledge.
- o If provided proxy access, I understand that I am responsible for complying with the Terms and Conditions of MyDovetale, and that my access privileges may be revoked at any time.
- o Participating in MyDovetale is a voluntary decision made freely and without coercion.
- o Should my legal authority to make health care decisions for the patient change in the future, I must contact SJHH immediately.
- o I am aware that that all medical information contained in the patient's MyDovetale account is obtained from their SJHH electronic medical record.

Applicable ONLY for Proxy Access to a Minor's Account:

- o I attest that I am the parent or legal guardian of this this patient.
- o I am aware that proxy access to my child's MyDovetale account will be revoked on their 12th birthday.

Signature

Printed Name

Title

Date (yyyy/mm/dd)

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