

**Proxy Access and Authorization Form**  
**Access to a Child, Teen, or Adult**  
**Cedars-Sinai, My CS-Link Record**

This form should be completed by a parent or permanent legal guardian (“Proxy”) who wants to request access to another patient’s (or your child’s) My CS-Link Record. The Proxy will need to show a photo ID and/or relevant legal or court documents asserting their right to make such request.

Please complete all pages of this Proxy Access and Authorization Form. Access to the child, teen or adult’s My CS- Link Record will be through *your* My CS-Link Account.

Select one (1) from the following Proxy Access options and follow the instructions with that section(s).

- Child Proxy-** If the patient is a minor between the ages of 0-11, Proxy will be granted full access to the minor patient’s My CS-Link Record until the child reaches age 12. The day before the 12<sup>th</sup> birthday of the patient, all proxy access is automatically switched to no access. Complete sections 1, 2, and 3 of this form.
- Teen Proxy-** If the patient is a minor between the ages of 12-17, Proxy access is limited to ensure privacy for our patients in accordance with the California Confidentiality of Medical Information Act (CMIA) State Laws around adolescent confidentiality rights. For example, Proxy will not have access to certain aspects like teen’s medical notes or test results, but can view teen’s upcoming visits with all providers and message providers on behalf of teen. The day before the 18<sup>th</sup> birthday of the patient, all proxy access is automatically revoked and new proxy access must be pursued to re-establish proxy access, if the patient desires. Complete sections 1, 2, 3, and 4 of this form.
- Adult Proxy and Proxy Access for Minor Patient with Legal Authority to Consent** - If the patient is an adult (18 or older) OR minor patient is emancipated, married, self-sufficient, on active duty with Armed Forces, or otherwise has legal authority to consent for self, consent from the patient or permanent legal guardian is required for Proxy access to the patient’s full My CS-Link record. Complete sections 1 and 4 for this form.
- Proxy Access for Patients Without Decision-Making Capacity-** Consent from the permanent legal guardian is required to access the patient’s My CS-Link record. Complete sections 1, 2, and 3 for this form. The patient’s physician should complete the Physician Certification section of this form.

*Please return the completed form to the patient’s physician office or primary care doctor, or the Health Information Management Department. Completed forms should be scanned into the patient’s medical record and proxy access established once identity has been verified.*



**Section 1: Parent/Permanent Legal Guardian (“Proxy”) Information**

In order to view the patient’s information, the Proxy must also *obtain their own My CS-Link account*.

Proxy’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Four SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*Note: Legal documents may be required, e.g. power of attorney for healthcare, court order, etc.*

**Section 2: Patient’s Name: (Please print clearly)**

*If you have more than one patient for whom you would like proxy access, please print and complete another form.*

Patient’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medical Record Number (if known): \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 3: User Acknowledgment of Terms and Conditions for Use of Cedars-Sinai My CS-Link Record.**

**By signing below, I acknowledge and agree that as the Proxy:**

1. I will be using my own My CS-Link account to access the patient’s, for whom I am requesting proxy access, My CS-Link account.

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**Section 4: This section is an authorization that will allow Cedars-Sinai to release your health information to your designated adult proxy. This form should be completed by the patient who is authorizing another person to access the health information in his or her My CS-Link Record.**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Four of SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Cedars-Sinai to grant access to all my health information in My CS Link Record. This may include sensitive information.

Proxy Representative \_\_\_\_\_ DOB: \_\_\_\_\_

Last Four of SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

**Notice/Restriction:** California law prohibits the Proxy Representative from making further disclosure of your health information unless the recipient obtains another authorization from you or unless the disclosure is permitted by law. This protection may not extend to recipients outside the state of California. This authorization does NOT allow my Proxy Representative to (1) make health care decisions of my behalf OR (2) access my health information other than via My CS-Link online.

**Your rights/Expiration of Authorization:**

As the patient/patient representative, you have the right to request a copy of this authorization.

Unless otherwise revoked, the authorization for My CS Link Record Access shall be valid for 5 years or until terminated by the patient or Proxy electronically or in writing. I

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**Patient Label**

may refuse to sign the authorization at any time electronically or in writing. If written, the revocation must be signed by me or in my behalf and sent to the Health Information Management Department via mail, fax, or email.

**Mail to:** Cedars Sinai Medical Center, Health Information Management Department, 8700 Beverly Blvd., Room 2901, Los Angeles, CA 90048

**Fax:**310-423-0113

**Email:** GroupHIDInternetInquiries@cshs.org

The revocation is effective upon receipt but will have no impact on uses or disclosures made while the authorization was valid.

By signing below, I authorize the My CS-Link access disclosure and I read, understand and agree to the My CS-Link Terms and Conditions.

Patient Signature: \_\_\_\_\_

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

For Official Use:

1. I have given a photocopy of the signed My CS-Link Authorization document to the patient.
2. I have viewed the Proxy's government-issued ID on \_\_\_\_\_ by \_\_\_\_\_

Signature of Cedars-Sinai Staff \_\_\_\_\_

Printed Name of Cedars-Sinai Staff \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient MRN (optional): \_\_\_\_\_

*Please return the completed form to the patient's physician office or primary care doctor, or the Health Information Management Department. Completed forms should be scanned into the patient's medical record and proxy access established once identity has been verified.*

**Physician Certification**

Based on information provided to me\*\*, I have determined that it is appropriate for the Proxy to have access to the patient's My CS-Link account for purposes relevant to the Proxy's role as a caregiver of the patient. This information may include a health care directive previously signed by the patient/legal guardian or other information available to me, together with my determination of the patient's lack of medical decision-making capacity.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Physician Signature      Physician Name (printed)      Date      Time

**\*\* Comments on Physician Certification**

There are a variety of circumstances in which an adult would be making decisions for a patient who lacks medical decision-making capacity. The physician will need to determine whether it is proper for an adult to be given proxy access to a patient's My CS-Link account if the patient lacks the capacity to provide authorization for the access. The following are observations for guidance.

1. If the patient, at a time when he or she had decision-making capacity, completed a form of legal authorization to make health care decisions for the patient such as an advanced health care directive or health care power of attorney, the agent ("Agent") named in that document may be given proxy access if the patient has lost decision-making capacity. (Be sure to review the document to confirm the authority given).
2. Often the agent does not live near the patient and the agent has delegated day-to-day caregiving responsibility to a local caregiver. In such cases, the agent would need to authorize the release of health information to the local caregiver using authorization forms compliant with federal and California law. Forms are available at [www.cedars-sinai.edu/medicalrecords](http://www.cedars-sinai.edu/medicalrecords). For patients of Cedars-Sinai Medical Group, please visit [www.cedars-sinai.edu/medicalgroupnewpatientinfo](http://www.cedars-sinai.edu/medicalgroupnewpatientinfo). Upon receipt of the authorization, the physician should be comfortable giving proxy access.
3. If the physician has an established relationship with the patient, has determined the patient lacks decision-making capacity, and the same caregiver is the clinical decision-maker, it may be appropriate for the physician to approve proxy access for that caregiver.
4. If the patient's capacity to make clinical decisions returns, this proxy access should be terminated.

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