

Proxy Application Authorization for Adolescents Aged 13-17

Purpose: Completing this form allows someone else other than the client (a “proxy”) to access health information shared through Child and Family Agency of Southeastern, CT Inc. (CFA). This application form can be used to request proxy access for another person’s chart. By completing this form, you are granting proxy access to the health record. Individuals who receive proxy access can include a parent, non-custodial parent, a caseworker, caregiver, or a foster parent.

After a client turns 13, access to the Patient Portal will be limited to restricted information, or demographic information. Once proxy access has been granted, complete access to the client’s chart will be granted to the indicated proxy. Expiration of proxy access automatically occurs on the client’s 18th birthday. In special circumstances, an extension may be granted; refer to CFA staff if an extension is needed.

Background: As of April 5, 2021, the federal rule on Interoperability, Information Blocking, and ONC Health IT Certification—which implemented the 21st Century Cures Act—went into effect. Known as the Cures Rule, this federal policy gives clients aged 13 and older the right to access all of the health information housed in their electronic medical records.¹ Proxy access ensures that clients and caregivers are able to access health information, ensuring compliance with the 21st Century Cures Act.

Your Rights: By signing below, you are giving a proxy access to all electronic protected health information (PHI). This Authorization to release health information is voluntary. You can revoke access at any time by reaching out to CFA staff orally or in writing. Revoking access may take effect within 3 business days of notification of request.

Is the person receiving services 13 years or older? *If yes, please fill out the information below.*

- Yes
- No

Do you (the client 13 years or older) give someone other than yourself permission to access your electronic protected health information? *If yes, please fill out the information below.*

- Yes
- No

Person Receiving Services Information

Legal name*: _____

Date of birth*: ____/ ____/ ____ (MM/DD/YYYY)

Signature*: _____

Proxy Information

Legal Name*: _____

Relationship to person receiving services*:

- Parent
- Legal guardian
 - Define: _____
- Other
 - Define: _____

¹ <https://www.opennotes.org/onc-federal-rule/>

Address Line 1: _____

Address Line 2 (PO Box, Apartment #, etc): _____

City*: _____ State*: _____ Zip Code: _____

Email Address*: _____

By signing my name, I attest that I am the child's parent or legal guardian with the right to access their protected health information. If I am no longer the parent or guardian with legal authority, I agree to immediately notify CFA staff to revoke my access to the protected health information.

Signature of Proxy*: _____

All information on this page needs to be filled out. Failure to submit a complete form result may result in a delay of access.