



**Adair County  
Health System**  
we surround you with care

**Request for Electronic Access  
To Health Information**

*Please allow 3 business days for processing*  
Please present this form at your clinic registration, hospital registration, or business office. Or mail to ACHS Patient Portal | 609 SE Kent | Greenfield, IA 50849

Patient Information – PLEASE PRINT	Person who may also view (Proxy)
Name	Name
Phone	Phone
Date of Birth	Date of Birth
Email	Email

**For Patient Initiated Request:**

I request electronic access to my health information at Adair County Health System. I authorize the person listed above to also view my electronic health information. This authorization is voluntary. I may revoke this proxy access in writing at any time.

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

\_\_\_\_\_  
Date

**For Proxy Initiated Request:**

Relationship to Patient: (circle one) Patient\* Durable Power of Attorney\*\* Legal Guardian\*\*\*

My signature represents that I have the legal right to this patient's health information. I understand that all proxy users may view messages and responses sent through the patient portal system.

\_\_\_\_\_  
Proxy Signature

\_\_\_\_\_  
Date

**For Adair County Health System Internal Use:**

Received Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Patient Declined	Processed Date:
Reviewed by:	Reason	Notes

**Adair County Health System**

**Adair County Memorial Hospital | Adair County Medical Clinics | Adair County Home Care**

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This institution is an equal opportunity provider and employer.

\* Patient Proxy: On the child's 18<sup>th</sup> birthday proxy access will end. Your child then may re-authorize your proxy access or you may provide legal documentation as proof of your right to access this information.  
\*\* & \*\*\* DPOA and Legal Guardian: You must provide a copy of legal documentation as proof of your right to access this information.