

myLoyola Select Proxy Access **Authorization Form** **Incompetent Adult**

This form must be completed to provide the spouse, parent(s), legal guardian(s) or holder of Durable Power of Attorney for Healthcare access to the Loyola University Health System ("LUHS") *myLoyola* account of an incompetent adult patient. Each spouse, parent, legal guardian or holder of Durable Power of Attorney for Healthcare requesting access must have a *myLoyola Select* account. If the spouse, parent(s), legal guardian(s) or holder of Durable Power of Attorney for Healthcare requesting access does not have a *myLoyola Select* account, an account will be created for him and/or her.

I agree to the following:

1. I will abide by the *myLoyola Select* Terms and Conditions of Use.
2. I must log into *myLoyola Select* with my own user name and password.
3. LUHS has the right to revoke my *myLoyola Select* access at any time.
4. My access to the incompetent adult's *myLoyola Select* account will be revoked in the event my parental rights or legal guardianship is terminated.
5. My access to the incompetent adult's *myLoyola Select* account will be revoked if the Durable Power of Attorney for Healthcare is revoked.
6. My access will be terminated in the event the incompetent adult's competence is restored.
7. I will not use *myLoyola Select* in the event the incompetent adult has an urgent medical condition or is experiencing a medical emergency.

Please enter ***your*** information.

LUHS Medical Record Number:

Name: _____

Relationship to adult:^{††} _____

Address: _____

Date of Birth: _____

Social Security Number: _____

E-mail: _____

Phone Number: _____

Gender: _____ Male _____ Female

Please enter **adult's** information.

LUHS Medical Record Number: _____

Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

_____ Social Security Number: _____

Gender: _____ Male _____ Female

I acknowledge that I have read the LUHS *myLoyola* Select Terms and Conditions of Use. I agree to hold LUHS harmless and indemnify LUHS for any damages, liability, debts, fines or attorney's fees that LUHS may incur as a result of my failure to abide by the *myLoyola* Select Terms and Conditions of Use. LUHS will not condition treatment on my signing or not signing this authorization. I understand that once information is released pursuant to this authorization, LUHS cannot prevent the re-disclosure of the information to a third party.

I certify that I am the spouse, parent, legal guardian or holder of Durable Power of Attorney for Healthcare of the incompetent adult listed above and that all information I have provided is correct. I understand that access to the above incompetent adult's *myLoyola* Select account will be revoked in the event LUHS determines that any of the information I have provided is incorrect. I hereby request access to the incompetent adult's *myLoyola* Select account.

Date

Spouse, Parent, Legal Guardian or
Holder of Durable Power of Attorney for
Healthcare's
Signature

Date

Witness Signature

†† If the individual indicates that he or she is the incompetent adult's legal guardian or holder of Durable Power of Attorney for Healthcare, this request **must** be accompanied by a copy of legal documentation verifying the individual's status as a legal guardian or holder of Durable Power of Attorney for Healthcare.