

Request/Authorization for Proxy Access to Valley Cities Client Portal
13 Years and Older

Individuals 13 and older have the right to keep certain medical information confidential- even from a parent or guardian. These special circumstances include treatment of sexually transmissible diseases, drug or alcohol diagnosis and treatment, pregnancy, and mental health care.

I understand and agree that:

- Participating in the Client Portal and selecting a proxy is completely voluntary. Valley Cities will not condition treatment, payment, enrollment, or eligibility of benefits on whether I choose to name a proxy and provide permission by signing this authorization.
- I am responsible to make sure that the information below, including the email address and other contact information, is accurate and complete. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Request/Authorization for Proxy Access.
- Designating a proxy allows the proxy to access the protected health information contained in the Client Portal.
- All portal messaging to and from your Valley Cities care team can be viewed by both you and your designated proxies. **Messages sent by designated proxies will appear as being sent from the client's account.**
- I am allowing Valley Cities to disclose my health information contained in the Client Portal to the proxy named below.
- The information disclosed may include, but is not limited to lab tests (past, present and future), office visits, treatment for sexually transmitted diseases including AIDS or HIV, behavioral health or psychiatric care, treatment of drug or alcohol abuse, pregnancy, and other communications with my healthcare providers.
- The medical information in my Client Portal is obtained from my Valley Cities electronic health record but is not my complete Valley Cities health record.
- The information disclosed pursuant to this authorization may be subject to re-disclosure by the party who receives it because it may no longer be protected by federal privacy laws.
- Records in electronic form can be distributed on a wide scale with relative ease and losses or unintended releases of the requested information may occur under circumstances beyond the control of Valley Cities, or the person making the request. By authorizing access to records in this format, I am knowingly and voluntarily assuming this risk and all of the consequences, losses and damages that might result.
- I have read, understand, and accept the terms of use for the Client Portal.
- I may withdraw this authorization at any time and request that Valley Cities remove a proxy's access.
- For clients age 13-17, this authorization will automatically expire on their 18th birthday unless revoked at an earlier time.

I want to grant the following type of access to the proxy:

Full Access: Full, unlimited access to my Portal account.

This option *includes access to all treatment information contained in the Client Portal.*

Limited Access: Limited access; this option only allows a proxy to view a limited number of items, like appointment scheduling and medication refill requests.

*****Complete page 2 of this document*****

VALLEY | CITIES

Behavioral Healthcare

Client Information

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Proxy Information (Person being granted access)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Proxy Relationship to Client: Parent Court Appointed Legal Guardian POA

If Other, please specify _____

I have read, understand and agree to the terms on page 1 of this form and understand the requirements and procedures regarding proxy access to my Client Portal account.

Client Signature: _____ Date: _____

I have read, understand, and agree to the terms on page 1 of this form. I acknowledge that I am aware of the terms of proxy access and am agreeing to be the above-named client's proxy on their Client Portal account.

Proxy Signature: _____ Date: _____

Submit this completed form to Valley Cities in one of the following three methods:

1. Turn this form into the front desk or a member of your care team.
2. Send paper copy along with copy of identification via mail to: Valley Cities, Attn Business Intelligence Department, 325 W. Gowe Street, Kent WA, 98032.
3. Scan and email the completed form and copy of identification to Valley Cities at clientportal@valleycities.org

**** Expect to receive an email with instructions on how to create a proxy login within 3-5 business days. You must activate your account within 5 days of receiving the instruction email ****