KAISER PERMANENTE® **HAWAII REGION**

MRN:

Name:

DOB:

KP.org "ACT FOR A FAMILY MEMBER" PROXY ACCESS – ADULT CAREGIVER

Original: 12/2016 Revised: 02/20/2020

Overview: This form is intended to be completed by a competent adult (i.e., the patient/personal representative) who is requesting to grant a competent adult family member or other personal Caregiver* (i.e. the Proxy Delegate) the ability to act on the Patient's behalf online via KP.org Act for a Family Member.

***Note:** This request form does not apply to staff at skilled nursing facilities or other inpatient facilities – such staff should not be set-up as a Caregiver via KP.org.

I, _____, am requesting Kaiser Permanente to:
Print First and Last Name

Share information about . . .	**. . . with this Caregiver online via KP.org**
Patient's Name: (First name, Last name)	**Caregiver's Name:** (First name, Last name)
Patient's Birthdate: (Month, Day, Year)	**Caregiver's Birthdate:** (Month, Day, Year)
Patient's Health/Medical Record Number:	**Caregiver's Address:**
Expiration Date: (Left blank defaults to maximum of 50 years from today)	**Caregiver's Phone Number:**
	Caregiver's Email Address:
Caregiver must create KP.org online account, even if you are not a KP member. **Please provide user ID: _____**	

I am requesting Kaiser Permanente to give the Caregiver access to the following records and services on KP.org for the purpose of using them to view health information and use online services on my behalf:

• Test Results	• Ongoing Health Conditions
• Email My Doctor	• Allergies
• Past Office Visits	• Health Summary
• Prescriptions	• Track My Health
• View, Schedule, Cancel and/or Change Appointments	• Letters
• Immunizations and Medications	• Hospital Stays and Follow ups

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I understand that my caregiver (Proxy Delegate) will have access to same health and health plan benefits information that I am able to access through KP.org. This information may include:

- Diagnostic test results. (laboratory and/or radiology results)
- Health diagnoses/conditions, including references to mental health illnesses and conditions, substance abuse screening and treatment, genetic testing and HIV/AIDS test results and treatment.
- Any email communications with doctors or other health professionals through this website.
- Health plan information, such as plan type, copayments, deductibles, cost sharing amounts, treatment cost estimates, and related information.

My designated Caregiver may also use my digital membership card on my behalf, if available via KP.org.

Access only to online health information available on KP.org and does not include access to health records held at Kaiser Permanente facilities.

New KP.org Records and Services

I understand that Kaiser Permanente will be adding new records and services to KP.org from time to time which may expand the amount and type of health and health plan benefit information that my family member or other person I authorize could access. These additional records and services will be accessible to that person unless I revoke access (described below). It is my responsibility to review my family member's or other person's access to my health and health plan benefit information periodically.

Expiration and revocation of this request

I understand that, by default, this request will expire 50 years from today's date, unless I request an earlier expiration date (on the first page of this form)

- I can revoke an adult Caregiver's request to this health information any time by going online to the main page of Act for a Family Member on KP.org, or by calling or visiting local Members Services and requesting revocation. I understand that revocation is effective on receipt and does not apply to information that has already been accessed.

_____ _____

Signature Relationship to Patient Date

Once this form is complete, please bring this form to any KP Clinic OR Mail to:

ATTN: PATIENT ID ADMINISTRATION
501 Alakawa Street, 2nd Floor
Honolulu, HI 96817

For Kaiser Use

Only: Patient ID Date Received: Entered by: _____

Verified Patient's MRN Verified Proxy Relationship Created Proxy Relationship (date)

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