

**McPherson Hospital<sup>1</sup>**  
**Patient Portal Access Request Form**

**PATIENT IDENTIFICATION INFORMATION**

Name<sup>2</sup> (First, Middle, Last): \_\_\_\_\_ M  F  Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ If under 18,<sup>3</sup> name of parent/legal guardian: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Patient Email Address (Required): \_\_\_\_\_  
Shared<sup>4</sup> email account:  Yes  No

**PROXY INFORMATION**

Proxy<sup>5</sup> Name(s) and Email Addresses, if any:  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
Proxy Relationship to Patient:  
 Parent  Legal Guardian / DPOA<sup>6</sup>  Shared Email Account  Other (Specify) \_\_\_\_\_  
 Legal Documents Provided

**SIGNATURE(S) AND ACKNOWLEDGEMENT**

By signing as the patient below and submitting this Enrollment Form, I acknowledge I will be sent an Invitation to register my User ID and Password for access to selected health information through McPherson Hospital. I further understand a link to the Consent and User Agreement of McPherson Hospital, including detailed information regarding access to and use of my health information, is on the McPherson Hospital website and I understand I must agree and accept the terms and conditions of the Consent and User Agreement for my account to be activated. I ACKNOWLEDGE THAT LOGGING ONTO THE PATIENT PORTAL THROUGH A MCPHERSON HOSPITAL ACCOUNT WILL CONSTITUTE MY AGREEMENT TO THE TERMS AND CONDITIONS OF THE CONSENT AND USER AGREEMENT.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Legal Guardian/Proxy (If Required): \_\_\_\_\_ Date: \_\_\_\_\_

1. A link to the Consent and User Agreement regarding McPherson Hospital Patient Portal is on the McPherson Hospital website. The Consent and User Agreement provides detailed information regarding the McPherson Hospital patient portal. For a patient's McPherson Hospital account to be activated the patient must agree to the terms and conditions of the Consent and User Agreement on the website. A patient may terminate the Patient's McPherson Hospital account at any time. A patient may remove a Proxy from a McPherson Hospital account at any time (with the exception of minors 14 up to 18 years of age whose account must include a parent/legal guardian as a Proxy). To terminate or remove a Proxy from a McPherson Hospital account, contact McPherson Hospital at (620) 241-2250.
2. A minor patient 14 up to 18 years of age **is required** to list a parent/legal guardian in the Proxy section of the Enrollment Form and to obtain the signature of the listed parent/legal guardian on the Enrollment Form to establish a McPherson Hospital account. A parent/legal guardian of a minor patient 14 up to 18 years of age **is required** to sign this Enrollment Form for said minor to register a McPherson Hospital account. The refusal of either the minor patient or the parent/legal guardian to sign this Enrollment Form will result in denial of activation of said minor patient's McPherson Hospital account to both the minor patient and the parent/legal guardian.
3. A minor patient 14 up to 18 years of age **is required** to list a parent/legal guardian in the Proxy section of the Enrollment Form and to obtain the signature of the listed parent/legal guardian on the Enrollment Form to establish a McPherson Hospital account. A parent/legal guardian of a minor patient 14 up to 18 years of age **is required** to sign this Enrollment Form for said minor to register a McPherson Hospital account. The refusal of either the minor patient or the parent/legal guardian to sign this Enrollment Form will result in denial of activation of said minor patient's McPherson Hospital account to both the minor patient and the parent/legal guardian.
4. A patient with a *shared email address* (i.e. thejonesfamily@sharedaccess.com) must list all individuals on the shared email account in the Proxy section of this Enrollment Form. McPherson Hospital is unable to establish multiple McPherson Hospital accounts for patients sharing a single email address *except* where all others sharing the email account are listed under the Proxy section of the Enrollment Form.
5. Parent/legal guardian/Durable Power of Attorney (DPOA) other authorized representative.
6. This request must be accompanied by a copy of legal paperwork verifying the individual's Proxy status.

