

# UW Medicine Request for Adult Proxy eCare Access

If you would like to grant access to your online eCare medical record and other online services, Complete this form.

## Patient Information

I authorize UW Medicine entities utilizing eCare to disclose protected health information about:

Name of Patient: \_\_\_\_\_  
(Last, First, Middle Initial)

Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

When you want this proxy access to be deactivated, call the UW Medicine Contact Center at 1-877-520-5000 or 206-520-5000.

## Proxy Information (the individual to whom you would like to give access to your online eCare medical record):

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle Initial) (needed to create proxy account)

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Photo identification of the representative must be provided (in person, mail, email or fax).

## Declaration and Acknowledgement

- I am aware that all secure messages between representatives to whom I grant adult/proxy eCare access and my healthcare team will become part of my medical record.
- I understand that I am requesting that this information be released for personal use.
- I understand that the information in my health record may include sensitive information about my conditions which may include sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). My health record may also include sensitive information about behavioral or mental health services and treatment for alcohol and drug abuse.
- I understand that I may revoke this agreement by written request at any time by contacting UW Medicine Health Information Management (contact information listed below). Revoke access for inpatient/hospital accounts at Harborview Medical Center and University of Washington Medical Center by calling 1-877-621-8014 (Inpatient portal eCare Support).
- I understand that failure to comply with the terms and conditions of use for UW Medicine eCare may result in the deactivation of access privileges. <http://www.uwmedicine.org/patient-care/ecare>
- Treatment will not be conditioned: I understand that my evaluation, care and treatment in UW Medicine hospitals and clinics will not be influenced by my request for access to my online medical record.
- Potential for redisclosure: I understand that persons with proxy access to health information of the patient designated on this form are not bound by law to keep it confidential.
- I understand I have the right to receive a copy of this signed form.

PT.NO

NAME

DOB

Place EPIC Label Within Box

### UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center  
Valley Medical Center – UW Medical Center  
University of Washington Physicians Seattle, Washington

### UW MEDICINE REQUEST FOR ADULT PROXY ECARE ACCESS

Page 1 of 2



\*U3292\*

WHITE - MEDICAL RECORD

UH3292 REV JAN 18

I declare under penalty of perjury under the laws of the State of Washington that the information above is true and correct.

Signature (Patient Or Person Authorized To Give Authorization)	Date
If Signed by Person Other Than Patient, Provide Reason, Relationship to Patient, Description of Their Authority	

**For UW Medicine Staff Use Only**

**Request for Proxy eCare Access**

Name of Patient for whom access is being requested:

Patient's MRN Number

Documentation of the Verification of Parent/Guardian Identity:

(Must include photo ID. Examples: driver's license, military ID, passport)

**Dependent Adult or Custodial Situation:**

**Attach legal documentation** (examples: Healthcare Power of Attorney or Court Order)

or

Attach documentation of the healthcare provider's determination that proxy access is in the patient's best interest.

After processing this request, the completed form and the photo identification must be sent to Health Information Management to be scanned into the electronic medical record.

**Harborview Medical Center**  
**UW Medical Center**  
**UW Medicine Neighborhood Clinics**  
**Hall Health Center**  
Mail: 325 Ninth Ave., Box 359738  
Seattle, WA 98104  
Fax: (206) 744-9997  
Phone: (206) 744-9000

**Valley Medical Center**  
Mail: Release of Information  
400 S. 43rd Street  
P.O. Box 50010  
Renton, WA 98058  
Fax: (425) 656-4026  
Phone: (425) 251-5159

**Northwest Hospital & Medical Center**  
Mail: 1550 North 115th St., MS-D129  
Seattle, WA 98133  
Fax: (206) 668-1920  
Phone: (206) 668-1616

PT.NO

NAME

DOB

Place EPIC Label Within Box

**UW Medicine**  
Harborview Medical Center – Northwest Hospital & Medical Center  
Valley Medical Center – UW Medical Center  
University of Washington Physicians Seattle, Washington  
**UW MEDICINE REQUEST FOR ADULT PROXY ECARE ACCESS**

Page 2 of 2



\*U3292\*

WHITE - MEDICAL RECORD

UH3292 REV JAN 18