

Adult Granting MyMidMichigan Proxy Access to Another Adult: Part 2

MidMichigan Health

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Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____

Patient's Email Address: _____

Proxy Information

Relationship to Patient: _____

Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Full Access

Read Only Access

I hereby affirm that I am the patient identified above. I am 18 years of age or older or legally emancipated, and am granting proxy access to my MyMidMichigan account to the above named adult. I understand that I may be subject to penalties under law for submitting false or misleading information related to this application.

Patient Signature

Date

Fax to MyMidMichigan Support at (989) 488-5893

For hospital admissions, send original to Health Information Management for Scanning

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HIM ROI Authorization