



INFORMATION SHEET FOR ADULT PATIENT

Disclosure: Winona Health is offering access to the **My Winona Health** patient portal as a courtesy to our patients. The patient portal is a free web-tool that gives you instant access to your medical information any time. This form is intended to inform you of the facts and risks surrounding the use of a web portal.

Winona Health's Policy and Procedures regarding the Patient Portal:

- Patients may have electronic access to certain parts of their health information, such as medical history, medications, and lab results, through a secure web site linked to the Winona Health electronic medical record system. Certain results of a sensitive nature may not be viewable in the portal.
- The patient portal allows non-urgent communication with providers' offices via secure messaging.
- The patient portal is not a replacement for in-person health care. It is not appropriate to use this portal for emergency diagnosis or treatment.
- Patient enrollment is by request through a Winona Health. You will be sent an email invitation that you need to complete within 90 days. You will create your portal username and password.
- For patient and proxy (substitute or additional) access: patients age 18 or older may have own access and may grant proxy access to any other adult(s).
- The patient or legally authorized representative must complete and sign the Proxy Permission Form to enroll in My Winona Health, to authorize proxy access, or to revoke proxy access.
- Proxy access to the patient portal can be revoked by contacting your primary care provider's office directly.
- Use of shared email accounts (i.e. Thesmiths@gmail.com) for portal access is allowed, although not recommended. All persons sharing the email account and password will have access to all of the patient's health information that are tied to that email address via the portal.

Responsibilities of Patient Portal Users

Every authorized portal user has responsibility to protect the confidentiality of health records. All authorized portal users are expected to keep their portal user ID and password secure to prevent any unauthorized access to patient information. Winona Health is not liable for breaches of confidentiality arising from unauthorized use of such information. If you suspect that someone has learned your password, you should access the portal site immediately and change it. If you become aware of a breach, for whatever reason, of this confidentiality, you are expected to promptly report it to the Health Information Management Department of Winona Health at (507) 457.4476.

Should you, for whatever reason, gain access to another person's health records, you agree to not read such information and agree to report the problem immediately to Winona Health's Department of Health Information Management.

Permission form can be mailed/faxed/or delivered in person to:

Winona Health
Department of Health Information Management
855 Mankato Ave.
Winona, MN 55987

For more information or if you have questions, contact Health Information Management:

Fax: (507) 457.4160
Phone: (507) 457.4476
www.winonahealth.org/mywh

**HIPAA AUTHORIZATION FOR ADULT FOR
DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

PURPOSE OF THE DISCLOSURE: To allow an individual designated as a Proxy to view health information about the patient through My Winona Health.

I authorize Winona Health to release health information via My Winona Health Patient Portal to the designated Proxy.

The following information will be released: Any and all information as available through My Winona Health

- I understand that I have a right to revoke this authorization at any time in writing. The revocation should be addressed to Winona Health Department of Health Information Management. I understand that this authorization is in effect until it is revoked by me in writing.
- I understand that any revocation will not apply to information that has already been released in response to this authorization.
- I understand that the health information available in My Winona Health may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), birth control, pregnancy or family planning, and genetic testing. It may also include information about behavioral or mental health services, or treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and if I refuse to sign this authorization, I cannot be denied treatment.
- I understand that any information disclosed may be re-disclosed by the recipient and is no longer protected by federal privacy regulations. If I have questions about HIPAA and my rights related to the disclosure of my health information, I may contact the My Winona Health Privacy Officer at 507.457.4476.
- I agree to waive and release my provider, Winona Health and its affiliated entities, and its officers, directors, employees, agents, successors, and assigns from any and all claims or causes of action that are in any way related to use of My Winona Health by me or my designated Proxy.
- I understand that the health information available online through My Winona Health is NOT an official copy of my medical record and does NOT contain all of my health information. If I need an official copy of my medical record for any purpose, I understand that I must contact Winona Health Health Information Management at (507) 457.4476. I also understand that there may be search, handling, and photocopying fees associated with obtaining an official copy of medical records.



PATIENT COPY
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Permission Form for My Winona Health for Adult Patient:
NOTE: Please print legibly

Patient Name:	Birthdate:
Full Mailing Address:	
Email Address unique to Patient: <small>NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information.</small>	Preferred 4-Digit PIN

To Grant Proxy Access
NOTE: Please print legibly

Name of Proxy:	Relationship to Patient: <small>*For all relationships other than spouse, this request must be accompanied by a copy of legal paperwork verifying the individual's status as Legal Guardian.</small>
Email Address unique to Proxy: <small>NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information.</small>	

To Remove Proxy Access
NOTE: Please print legibly

Patient Name:	Birthdate:
Patient Email Address:	
Proxy Name to be removed:	Relationship to Patient:
Proxy Email Address to be removed:	

By signing below I confirm that I have read, understand, and agree to comply with the procedures and guidelines for disclosure of protected health information and use of the Patient Portal.

Signature of Adult Patient (Required): <input type="checkbox"/> Patient <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Healthcare Power of Attorney	Date Signed (Required) (M/D/Y):
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Notice to recipients of Alcohol & Drug Abuse information: The confidentiality of alcohol and drug abuse patient records maintained by VCUHS, and disclosed to you pursuant to this authorization, is protected by Federal law and regulations (see 42 U.S.C. §290dd-3 and 290ee-3, and 42 C.F.R. pt. 2). Generally, you may not further disclose the identity of the patient, or any information identifying the patient as an alcohol or drug abuser, unless: (a) the patient consents in writing; (b) the disclosure is allowed by a court order; or (c) the disclosure is made to medical personnel in an emergency care situation or to qualified personnel for research, audit, or program evaluation purposes. Violation of Federal laws or regulations is a crime. Suspected violations should be promptly reported to appropriate authorities, in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient or about any threat to commit a crime. Federal laws and regulations also do not protect.

<i>Office Use Only:</i> <input type="checkbox"/> Invite sent <input type="checkbox"/> Proxy scanned
