

## Adult Proxy

### Express Waiver and Consent

I, patient, hereby grant the identified proxy access to my patient health and other information (“my information”) and understand that by doing so I waive all rights related to privacy and confidentiality of my information with the aforementioned person to whom I have granted access (including, without limitation, the privacy practices of West Hills Hospital. I represent and warrant that I have either attained the relevant age of majority for my state of residence, or that I am a lawfully emancipated minor, with the ability to enter into agreements relating to the consent to access and waiver of rights involving my medical data. I further understand and acknowledge that (a) West Hills Hospital can rely on this waiver and consent until revoked by me in writing; (b) by providing this waiver and consent the named individual has the same rights to access my information as I do; and (c) that I waive all rights and remedies relating to the named individual’s use or misuse of my information that West Hills Hospital provides the named individual pursuant to this Express Waiver and Consent. Please note that if this waiver and consent is revoked, such revocation will not affect any action taken in reliance on this waiver and consent prior to such revocation. If I want to revoke this Proxy Express Waiver and consent, I must call Patient Portal Support at 1-855-422-6625.

Patient Information	Proxy Information
Patient Name (print):	Proxy Name (print):
Patient/Authorized Patient Representative Signature:	Proxy email address:
Medical Record Number:	Proxy MyHealthOne ID:
Date of Consent:	
MyHealthOne ID:	

**\* M T P O R T \***

\* M T P O R T \*