



St. Thomas East End Medical Center Corporation  
 4605 Tutu Park Mall, Suite 207  
 P.O. Box 503177  
 St. Thomas, VI 00805-3177

Tel: (340)775-3700  
 Fax: (340)777-7927

“Your Health is our First Priority”

### Patient Portal Proxy Form

The patient portal provides secure online access to portions of a Patient Medical Record.

#### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### PROXY INFORMATION

Proxy Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- Does the proxy have an active Patient Portal account?  Yes  No  
 Has the proxy ever been a patient at STEEMCC?  Yes  No

Please check one of the boxes that best describes the proxy access requested.	
Adult Patient	Minor Patient
<input type="checkbox"/> Relative/ Spouse <input type="checkbox"/> Legal Guardian of Adult Patient <input type="checkbox"/> Government Entity/ Facility <input type="checkbox"/> Personal Caregiver/ Nurse <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent/ Legal Guardian <input type="checkbox"/> Government Entity/ Facility <input type="checkbox"/> Personal Caregiver/ Nurse <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> Other _____
Minors	
<input type="checkbox"/> Adult- Child Age 0-12 Patient	<input type="checkbox"/> Adult- Child Age 13-17 Patient
STEEMCC requires patient between the ages 13-17 to specifically indicate whether he/she permit his/her parent(s) and/or legal guardian(s) to have access to the portions of the patient’s medical information, by signing this agreement form. When the patient becomes 18 years of age, patient access will be revoked. VI Code: Title 19 § 291-293	



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**PATIENT PORTAL INFORMATION**

Once the registration form is completed and returned to the Health Information Management (HIM) Department, the patient proxy will receive an e-mail with a link to the patient portal (within three business days). The email will include a one-time login ID and one-time password information. Please make sure the patient proxy checks his/her bulk, junk, or spam e-mail as the link may have filtered the e-mail there. Once the patient proxy receives his/her one-time login ID and one-time password, please follow the prompts. Copy and paste the one-time user ID and password into the fields. You will be prompted to create a new username and password. The patient proxy will need to read and accept the Terms and Conditions of the patient portal before it can be accessed. Whenever a new item is posted to the patient portal, such as results, reports, appointments etc., the patient proxy will receive an e-mail notification. There will be a link at the bottom of the e-mail directing all to the portal login screen. No health information is relayed in any e-mail. All e-mail addresses will be kept confidential and will not be used for marketing or solicitation. Go to [www.steemcc.org](http://www.steemcc.org) to access your portal or learn more about the patient portal.

**AUTHORIZATION**

By signing and dating this form, I authorize St. Thomas East End Medical Center Corporation (STEEMCC) to create a patient portal Logon ID and password for the patient proxy for the patient listed above. I understand that the information will be e-mailed to the patient proxy within 3 business days at the e-mail the patient has given above. When submitting this form, the patient proxy government issued I.D. needs to be attached.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proxy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

ID Verified: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Initial: \_\_\_\_\_