

My VCU Health Patient Portal

Information for Patients, Parents and Proxies

Disclosure: VCUHS offers access to the **My VCU Health** Patient Portal as a courtesy to our patients.

My VCU Health is a secure web-based tool that gives patients access to their health information and allows them to communicate with their VCUHS Health care team. This information shares the facts and risks of using a web portal.

VCU Health's Health Information Management (HIM) Policy and Procedures regarding My VCU Health

1. The portal allows you to access some of the patient's health information, such as medical history, medications, test results, and some notes. The medical record information will be in English.
2. The portal allows secure non-urgent messages to be sent between the patient and physicians/other clinicians.
3. The portal does not replace in-person health care and is not appropriate for emergency diagnosis and treatment.
4. For Patient and/or Proxy access (an adult who is not the patient allowed to access the record):
 - a. Patients age 0 to 12: No access for the child. The parent/legal guardian is allowed Full Proxy access. When the patient turns 13, the parent/legal guardian access to the portal is removed due to Virginia law related to privacy restrictions allowed for adolescents.
 - b. Patients age 13 to 17: Allowed their own Full access to the portal. The parent/legal guardian is allowed Limited Proxy access due to Virginia law related to privacy restrictions allowed for adolescents. Limited Proxy access includes messaging, viewing some limited test results.
 - c. Patients age 18 or older: May have own access and/or may grant proxy access to any other adult(s).
 - d. To access the portal:
 - i. Self-Enroll - Patients age 18 or older can use the Sign Up button at www.vcuhealth.org/my-vcu-health if their SSN # is on file in the medical record to get access to their own record
 - ii. Get an Invitation – All other patients' age 0-18, and/or their parents/proxy person, must be sent an invitation.
2. If you receive an invitation by email, follow the instructions to create your user name and password within 90 days. The answer to the security question is the last four digits of the patient's SSN# (for minors without a SSN, use the SSN of a parent), or any other four digit # you chose when requesting access.
3. Use of shared email accounts (i.e. thejoneses@gmail.com) for portal access is allowed but not recommended. All persons sharing the email account and password will have access to the patient's health information via the portal.
4. To authorize proxy access, the patient or legally authorized representative must complete the My VCU Health Permission form available from the My VCU Health webpage at www.vcuhealth.org/my-vcu-health. Return the completed form to any team member you encounter during your care OR follow instructions on the form.
5. To remove proxy access, the patient or legally authorized representative must complete the My VCU Health Permission Form, available from the My VCU Health webpage at www.vcuhealth.org/my-vcu-health, and return it to VCU Health Department of Health Information Management (HIM). It may take up to 3 days for access to be removed.


Responsibilities of My VCU Health Users

Every user is responsible for protecting the confidentiality of health records and must keep their password safe to prevent unauthorized access to patient information. VCUHS is not liable for breaches of confidentiality that occur from unauthorized use of such information.

- If you suspect that someone has learned your password, you should access **My VCU Health** immediately and change it.
- If you become aware of a breach of this confidentiality, you should report it promptly to the VCUHS HIM Department at (804)828-5501.
- If you gain access to another person's health records for which you do not have authorized proxy access, you should not read the information and report the problem immediately to the VCUHS HIM Department at (804)828-5501.

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

VCU Health's Department of Health Information Management (HIM)
Release of Information window located on Main Hospital 1st Floor Lobby, Room 403A
P.O. BOX 980679
Richmond, VA 23298-0679
Email: HIM@MCVH-VCU.EDU
Fax: (804) 828-3623 Phone: (804) 828-5501

Name MRN DOB Patient Identification/Label	 VCUHealth TM VCU Medical Center Richmond, Virginia My VCU Health Patient Portal Permission Adult Patient or Child Age 0 to 17
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<input type="radio"/> Adult Patient or Child Age 0-17 (print legibly)		
Patient Name	Birthdate	Last 4 digits #s of SSN (for child with no SSN use parent's SSN) <i>or</i> Other 4 digit #
Full Mailing Address		
Email Address of Patient		
NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information		

<input type="radio"/> Give Proxy Access (required for Child Age 0-12, optional for Adult Patients and Children age 13-17) (print legibly)		
Name of Proxy: (For child Age 0-17, must be Parent or Legal Guardian)	Birthdate	Relationship to Patient ___ Parent ___ Legal Guardian** ___ Other (specify) _____ ** This request must be accompanied by a copy of legal paperwork verifying the individual's status as Legal Guardian.
Email Address of Proxy		
NOTE: If this is a shared email address, then all persons sharing it will have access to this patient's health information		

<input type="radio"/> Remove Proxy Access (print legibly)	
Name of Proxy to be removed	Relationship to Patient ___ Parent ___ Legal Guardian** ___ Other (specify) _____ ** This request must be accompanied by a copy of legal paperwork verifying the individual's status as Legal Guardian.
Email Address of Proxy to be removed	

By signing below, I confirm that I have read, understand, and agree to comply with the procedures and guidelines for using the Patient Portal.	
Signature of Adult Patient or Parent/Legal Guardian of Child 0 to 17 (required)	Date Signed

