



Please fill out all fields completely. **Incomplete or illegible forms will not be accepted.**

You must present the completed form, along with photo identification, in order to register yourself as a proxy or request access to your health record through a third-party app.

Once your request has been received for the My Trinity Health eConnect, an email invitation will be sent with complete instructions. (Please allow 5 business days for processing.)

• I am the patient and I want access granted to myself or the Proxy listed below

Patient Signature: _____ Today's Date: _____

• I am the parent and my child is **13 years old or younger**. (Proxy access will automatically revoke on Patient's 14th birthday. Patient may revoke proxy access at any time.)

Parent Signature: _____ Today's Date: _____

• I am the legal guardian for this patient and request proxy access. Trinity Health has legal proof of Guardianship on file (proof of guardianship must be on file before access will be granted).

Proxy Signature: _____ Today's Date: _____

• I am the patient and am requesting access to my medical record through a third-party app.

Patient Signature: _____ Today's Date: _____

Please Print:

Patient Name: _____ Date of Birth: ___/___/___ Patient Phone: _____

Patient Email: _____ Proxy Email: _____

Proxy/Parent/Guardian Name: _____ Date of Birth: ___/___/___ Phone: _____

Name of third-party app: _____ Developer: _____ Device Type: _____

Challenge Question (pick one): *the challenge answer is required to complete the My Trinity eConnect registration.*

- 1. What year did your father graduate high school? _____
- 2. What are the last four digits of your SSN? _____
- 3. What year did your mother graduate high school? _____
- 4. What year was your mother born? _____
- 5. What year was your father born? _____
- 6. What year did you get married? _____

FOR OFFICE USE ONLY

A copy of the requestor's photo identification card must be attached prior to submission.

Photo ID verified by: _____ Date: _____

Access Permissible (yes or no): _____ Verified by: _____

API Request Permissible (yes or no): _____ Verified by: _____