

Virtual Second Opinion Proxy Form

Please print and complete this form and upload it to the Virtual Second Opinion portal.

This form is to be used if you want The Clinic by Cleveland Clinic to provide the virtual second opinion to an individual other than your physician.

The box or boxes below that apply must be checked and the form must be signed by the patient. In doing so, you are acknowledging: I am hereby consenting to the person below to act on my behalf and perform all of the actions listed:

- Communicate with health care providers through the Service and provide them with any and all information including medical records, films or test results that may be requested to use the services provided through this Service.
- Be consulted by and consult health care providers made available through the Service on my behalf.
- Receive any disclosures in any format related to my health or payment for services provided through this Service.
- Other

A copy of the completed virtual second opinion report will be sent to the requestor of the consult.

I hereby acknowledge that I have given this consent of my own free will. This consent expires one year from the date signed. I can revoke this consent at any time (but not as to information that was released prior to the revocation) by contacting The Clinic by Cleveland Clinic in writing at 10000 Cedar Avenue, Cleveland, OH 44106.

Note: Up to two people can be names as Proxy to the requesting patient on one form.

Print name of 1st person to be named as Proxy

Relationship to Patient

Print name of 2nd person to be named as Proxy

Relationship to Patient

Print name of Patient/Legal Guardian

Signature of Patient/Legal Guardian

Important: Two people, other than the Patient and designated Proxy must sign and date below acknowledging the witnesses the Patient signing this form.

Witness

Date

Witness

Date

*Custodial parent or other person appointed pursuant to ORC §2111.01. Form must be printed and signed in ink.

Please note: This form is valid for 365 days from the signature date.