The Institute for Family Health **MYCHART PROXY SIGN UP**

Giving Others Access to Your Health Information

- A proxy is a person who can access your health information as if he/she were you.
- As your proxy, a spouse, adult child, caregiver or other person of your choice may be granted full access to the health information about you that is included in the MyChart system.
- In order to authorize a proxy (who must be age 18 or over) to view your information in MyChart, please complete the form below.
- Authorization for proxy access to an adult patient's account is valid until the patient's account is inactivated or until revoked by the patient.
- Authorization for proxy access to a child's account is available with some age restrictions (see below) and is also available until the child's account is inactivated, the proxy access is revoked, or the child turns age 18.

1. Patient Information (Patient - *Child or Adult* - for whom proxy access is requested):

Patient Name: _____
(last, first, middle initial)

Address:_____ **Apartment #:**____
Street City State Zip

Date of Birth: ___/____/____ **Phone Number:** _____

2. Proxy Information (Person – *Adult Only* - who will access the above patient's medical information by proxy)

Proxy Name: _____ **Relationship:** _____
(last, first, middle initial)

Address:_____ **Apartment #:**____
Street City State Zip

Date of Birth: ___/____/____ **Phone Number:** _____

Are you a patient at this health center? ☐**Yes** ☐ **No**

FOR HEALTH CENTER USE ONLY

Application and required documents reviewed and scanned by: _____

Date:_____

Approved by:_____

Date:_____

Patient Name: _____

Patient Date of Birth: ___/____/____

Please check the box below:

☐ **I authorize another adult to have access to my MyChart record.**

I authorize the Institute for Family Health to disclose my Protected Health Information through MyChart to the designated proxy named above.

The following information is to be released: Any and all Protected Health Information about me that is included in the MyChart system (restrictions apply for Adult-Child access based on age range restrictions as explained in the Adult-Child information box). This may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

- I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment.
- I understand that I have the right to revoke this authorization at any time directly through MyChart or by sending a MyChart message or written request to my health center.
- I understand that my proxy may not be subject to the federal Health Information Portability and Accountability Act ("HIPAA") and that my proxy may further disclose the health information about me that they see in MyChart, and that such information will no longer be protected by HIPAA.
- I understand that MyChart is intended as a secure online source of confidential health information. If I share my MyChart ID and/or password with another person, that person may be able to view my or my child's health information, and the health information of anyone who has authorized me as a MyChart proxy.
- I acknowledge that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe confidentiality/privacy may have been compromised in any way.

I acknowledge that I have read and understand this authorization. I agree to its terms and choose to designate the person named above as my MyChart proxy, thereby allowing them access to my medical information through MyChart.

_____ Date: _____

Signature of Patient