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 request access to another adult's MyChart as a legal guardian or under a Durable Power of Attorney for Health Care**

Check the relationship authorizing access

- ☐ Legal Guardian (copy of court order required for verification)
- ☐ Durable Power of Attorney for Health care (DPOA) (copy of DPOA required for verification)

I request that The Institute for Family Health provide me with access as a proxy to another person's Protected Health Information through MyChart.

The following information is to be released: Any and all Protected Health Information that is included about the patient in the MyChart system . 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 MyChart is intended as a secure online source of confidential health information. If I share my MyChart proxy ID and/or password with another person, that person may be able to view the health information of the patient whose MyChart account I am authorized to access as 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.

_____ Date: _____

Signature of Proxy