



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 my minor child's MyChart record

Check the relationship authorizing access:

Custodial Parent (parent responsible for child's health care)

Legal Guardian (copy of court order required for verification)

- The following age restrictions for MyChart access: If your child is under **age 10**: You will be granted full access to your child's MyChart record
- If your child is over **age 10 but under age 18**: You will be granted partial access to your child's MyChart record. Access is limited by privacy laws. *Once your child reaches age 18, you will no longer have access to your child's MyChart record.*

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

The following information is to be released: Any and all Protected Health Information that is included in the MyChart system (restrictions apply for Adult-Child access based on age range restrictions).

- 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.

Date: _____

Signature of Proxy