Hennepin Healthcare

Adult Proxy Form

Proxy

Access to Another Adult's MyChart Record (Proxy Access)

To request access to the MyChart record of an adult whose care you help manage, please complete this form. The patient must sign this form and provide authorization for release of medical information in MyChart. Note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and the patient.

Please complete and return the form to your clinic for proxy setup or you can fax to: 612.873.1518 or mail to:
Hennepin County Medical Center Attn: HIM Department
701 Park Ave MC: Shapiro 7
Minneapolis, MN 55415
You can also scan and e-mail to:
mychartsupport@hcmed.org

For Clinic Use Only: Place Patient Label Here – Send to HIM to be Scanned

☐ **Was Proxy Access set-up in Epic during the patient visit?**

Requestor's (Proxy) Information: (**BOLD** sections required – please print clearly.)

This section should be completed by and about the individual requesting access to another patient's MyChart record.

Name (*last, first, middle initial*) _____

Social Security Number: _____ **Date of Birth:** _____

Street Address: _____ _____ City: State: Zip:_____

Email Address: ___ **Phone Number:** _____ _____

Primary Clin _____ **Relationship to Patient:** _____

Please provide the following information for the patient.

Patient's Information **BOLD** sections required – please print clearly.)
(

Name (*last, first, middle initial*) ___ **Date of Birth** ____ **Primary Clinic:**_____Social Security Number: _____

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MyChart Terms and Agreement

- I know that MyChart is a secure online place for confidential medical information. If I share my MyChart ID and password with another person, that person may be able to look at my health information, my child's health information, and health information about someone who has given permission for me as a MyChart proxy.

- I agree that it is my responsibility to select a strong password and to not share my password with other individuals, and to change my password if I think someone might know it.
- I know that MyChart contains some medical information from a patient's medical record and that MyChart does not contain the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from HCMC Health Information Management by completing a Release of Information Request.
- I know that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
  - I know that access to MyChart is provided by HCMC as something helpful for its patients and that HCMC has the right to turn off access to MyChart at any time for any reason.
- By signing below, I state that I have read this MyChart Proxy Form and agree to its terms.

▶ _____ /

Signature of Proxy **Date** *(Required)*

I acknowledge that I have read and understand this MyChart adult proxy form. I agree to its terms and choose to designate the person named above as my MyChart proxy, thereby allowing them access to my MyChart health record.

▶ _____ /

Signature of Patient (or authorized person) **Date** (Required)

This form is an authorization that will permit HCMC to release your health information to your designated adult proxy. Please read it carefully.

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This form should be completed by the **patient** who is authorizing another adult to access health information in his or her MyChart record. It must accompany the Adult Proxy Form, which provides the name and information of the individual who is patient is authorizing to access their MyChart record as a proxy.

Patient's Information **BOLD** sections required – please print clearly.)
(

Name (***last, first, middle initial***) _____ **Date of Birth** _____

Primary Clinic:_____Social Security Number: _____

I am requesting that _____ (write name of proxy) receive access to my health information that is available in MyChart. This person is my designated MyChart proxy. I authorize MyChart to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic health record and may include information from all facilities listed in Notice of Privacy Practices. I authorize release of any information contained in my MyChart to my designated proxy. I authorize release of this information only through my MyChart record. This form does not authorize release of my health record to my designated proxy by other methods or in other forms. I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may not be covered by the same privacy protections. Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that MyChart does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, MyChart is not permitted to provide my designated proxy access to my MyChart record. This authorization will expire automatically five years from the date of my signature. I also may cancel this authorization at any time online in MyChart or by providing a written request for cancellation to my primary clinic. I understand that if I cancel this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my cancellation will not affect any disclosures that were made prior to processing the revocation before my cancellation request is processed.

Date:_____

Signature of patient:_____

Printed name:_____

If person other than the patient signs, indicate authority to sign for patient (e.g. guardian) and attach documentation:

_____

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Note: Authorization expires five years from the date of signature (above). This release of medical information form must be submitted every five years to renew proxy access. You may deactivate the access of the adult proxy form specified above at any time through MyChart of by providing a written request to your clinic.

My Chart Proxy