

ProMedica MyChart Proxy Access Request – Patient Copy

Thank you for your interest in ProMedica MyChart. MyChart is a secure, easy-to-use internet tool that allows you to view health information and services from anywhere, at any time. MyChart may include information from ProMedica or its respective entities. However, it does not show all information from the medical record. Not all ProMedica services or records are available through MyChart. This form is used to request access to view health information about a ProMedica patient that 1) you have the right to access or 2) have received patient authorization to access. As such you will be the “**Proxy**”. The person whose record you are requesting access to is the “**Patient**”.

PROXY RELATIONSHIP INFORMATION

With Proxy Access, the **Patient’s** information will be viewed through your **ProMedica MyChart** account. If you do not currently have a ProMedica MyChart, one will be set up for you to access the Patient’s records based on the information you have provided. Please monitor your email for instructions in setting up your ProMedica MyChart.

Adult – Adult (Access to another adult’s MyChart). The patient must be at least 18 years old and must sign this form. Their signature gives the you permission to view the Patient’s information in ProMedica MyChart.

Adult – Child (Access to your minor child’s MyChart). Based on state and federal laws providing additional privacy rights for minors, the following provisions will apply to access of your child’s ProMedica MyChart:

- If your child is age 0-11, you will be given full access to your child’s MyChart.
- If your child is age 12-17, your access to your child’s MyChart will be limited to account/billing information, allergies, immunizations, inbox, medical advice request and appointment scheduling requests. You will not have access to view appointments, medications, diagnosis/problem lists or results.
- Once your child reaches age 18, access to your child’s MyChart will be inactivated.

Note: No proxies of minors of any age will be able to see select test results: STD, HIV, Drug, Alcohol, Outpatient mental health, pregnancy/prenatal. These limits do not change any legal right you have to access your child’s medical record by other means. To request a copy of your child’s medical record, visit promedica.org – patient resources. Please note that you may be charged a fee for medical record copies.

Legal Guardian – Adult or Child (Access to a child or adult’s MyChart to which you have legal guardianship). You must show Guardianship documents. A copy of the documents will be kept with the patient’s records. Access to a child’s records will follow the above guidelines or until the guardianship has been terminated.

INSTRUCTIONS FOR COMPLETING THE PROMEDICA MYCHART PROXY ACCESS REQUEST FORM

To see another person’s MyChart (proxy access), fill out the ProMedica MyChart Proxy Access Request form and bring it to the **registration desk** at any ProMedica location or submit it to the Health Information Department via fax or email. Completing this form confirms your request to view the MyChart records of a ProMedica patient.

Note: You (Proxy) must be 18 years of age to obtain proxy access to another person’s MyChart account.

ProMedica MyChart Proxy Access Request – Medical Records Copy

PROXY INFORMATION (Adult / Legal Guardian): (All fields required for proxy access — please print clearly)

Full Name: _____ Birthdate: _____

Address: _____
City State Zip Code

Email Address: _____ Phone Number: _____

Relationship to Patient: _____ SS# (Last 4 digits): _____

PROXY SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PATIENT'S INFORMATION: (All fields required for proxy access — please print clearly)

Fill out this section with information about the Patient whose MyChart the Proxy is requesting to access.

Full Name: _____ Birthdate: _____

Address: _____
City State Zip Code

Email Address: _____ Phone Number: _____

PROMEDICA MYCHART TERMS AND AGREEMENT

Once your health information is released, your information may be re-disclosed by the recipient and may no longer be protected by law. Treatment, payment, enrollment, and eligibility for benefits will not be conditioned on whether you agree to this authorization. In order for this authorization to be valid, activation of MyChart Proxy must occur within one (1) year of the date of this authorization. Upon receipt of this completed form, please allow seven (7) business days for processing your request to designate a MyChart Proxy.

This authorization for MyChart Proxy access to your MyChart account will automatically expire when ProMedica receives notice of your death, when you (or your legal representative) deactivate your MyChart account, when you (or your legal representative) revoke this authorization, or when you reach age 18, whichever comes first. You may revoke authorization at any time, except to the extent that action has been taken in reliance upon it. For access to the full ProMedica MyChart Terms and Conditions please visit: <https://promedica.org/mychart>

PATIENT AUTHORIZATION TO ALLOW ACCESS:

I have read the ProMedica MyChart Terms and Conditions and hereby authorize the individual designated above to act on my behalf regarding any and all of my health information contained in ProMedica MyChart, which shall include, but not be limited to, receiving access to MyChart functions which allow my Proxy to view, download, and/or transmit to third parties any and all of my health information, according to ProMedica MyChart Terms and Conditions. As such, I hereby authorize ProMedica to release via MyChart Proxy Access any and all of my health information contained in MyChart to my MyChart Proxy for any purpose that my MyChart Proxy deems to be appropriate. I understand and acknowledge that this information may include information related to treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS tests results and diagnoses.

PATIENT/PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____ **TIME:** _____

Send COMPLETED form to System HIM via email phs.him.roi@promedica.org or fax 419-479-6919. Please be aware that information sent via email is not secure and could be misdirected or intercepted in transmission.