Premier Health

MyChart

Premier Health and Affiliates

Adult-to-Adult MyChart Proxy Access Request

This form allows you to request proxy access to the medical records of another adult whose medical care you manage. Completing this form will establish a MyChart record for you and for the patient. Please note that the patient's chart will be accessed through your (the Proxy's) MyChart record.

Save time: Patients can log into their MyChart and share information directly and immediately. Use the dropdown menu to select Sharing Hub to select preferences.

STEP 1. All fields on this form must be completed including your (Proxy) information, patient information and all signatures. If the patient is unable to sign, the person signing must indicate authority to sign for the patient and attach documentation with the form submission.

STEP 2. Email the completed form to MyChartActivation@premierhealth.com or submit the form to the patient's physician office.

Your (Proxy) Information

This section should be completed by you (the Proxy), the individual requesting access to another adult's MyChart record. All fields are required. Please print clearly.

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security No.	Phone Number
Address		
City	State	Zip
Email Address		

Patient's Information

Complete this section with information about the patient whose MyChart record you are requesting to access. All fields are required. Please print clearly.

Last Name	First Name	Middle Name
Date of Birth	Last 4 digits of Social Security No.	Phone Number
Address		
City	State	Zip
Email Address		

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my health information, my child's health information, and health information about someone who has authorized me as a MyChart proxy.

- I agree 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 it may have been compromised in any way.

- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the physicians' office or hospital where treatment occurred.

- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.

- I understand that access to MyChart is provided by Premier Health and its affiliates as a convenience to their patients and that these facilities have the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary, and I am not required to use MyChart or to authorize a MyChart proxy.

- By signing below, I acknowledge that I have read, and I understand this MyChart Proxy Access Request Form and I agree to its terms.

►_____/_____/_____

Your (Proxy) Signature *(Required*) Relationship to Patient Date

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I acknowledge that I have read and understand this MyChart Proxy Access Request 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 medical record.

►_____/_____/_____

Patient Signature (or authorized person) *(Required*) Relationship to Patient Date

Premier Health MyChart

Adult Proxy Authorization for Release of Medical Information

This form authorizes Premier Health and its affiliates, to release your medical information to your designated adult proxy. This form should be completed by the patient authorizing another adult to access medical information in his or her MyChart record. It must accompany the Adult-to-Adult MyChart Proxy Access Request Form which provides the name and information of the individual who the patient is authorizing to access their MyChart record as a proxy.

Patient Name (*last, first, middle initial*)	
Date of Birth	Last 4 digits of Social Security No.

I request that _____ *(insert name of Proxy),* my designated MyChart proxy, receive access to my health information which is available in my Premier Health MyChart Record. I authorize Premier Health and its affiliates to release the health information contained in my MyChart record to my designated proxy.

I would like my Proxy to have access to (check one):
___ Scheduling and messaging
___ Scheduling, messaging, and clinical information
___ Read-only clinical information. Will not have access to scheduling or messaging

I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all facilities listed in Premier Health's Notice of Privacy Practices and/or its affiliates' Notice of Privacy Practices. I authorize release of any information contained in my MyChart medical record held by Premier Health and/or its affiliates to my designated proxy.

I authorize release of this information only through my MyChart record. This form does not authorize release of my medical 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 federal 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 understand that Premier Health and its affiliates do 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, Premier Health and its affiliates will not provide access to my MyChart record to my designated proxy.

This authorization will remain in effect for two (2) years from the date of my signature, unless I specify an earlier date in this space_____. A new request for MyChart Proxy access must be submitted to maintain access past the expiration date.

I may revoke this authorization at any time through MyChart or by providing a written request for revocation to MyChartActivation@premierhealth.com. I understand that if I revoke this authorization, my designated proxy will no longer have access to my MyChart record. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

►_____/_____/_____
Patient Signature (or authorized person*) *(Required)* Relationship to Patient Date

Printed Name: _____
*Attach documentation of authority if not patient