

MyChart Proxy Application for Patients Incapable of Making Medical Decisions (Adults and Minors)

You must complete this form to request access to the patient's Phelps Health *MyChart* account.

Please note that you will access the patient's information through your own *MyChart* account. If you do not have a *MyChart* account, upon approval of this request, you will receive a *MyChart* activation code along with instructions on how to sign up for *MyChart* and create your own *MyChart* account.

PATIENT INFORMATION (ALL SECTIONS REQUIRED - PLEASE PRINT CLEARLY):

Name: _____
Date of Birth: _____ SSN: _____

PROXY INFORMATION (ALL SECTIONS REQUIRED - PLEASE PRINT CLEARLY):

Name: _____
Date of Birth: _____ SSN: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone Number: _____

Relationship to Patient: Parent of Minor (Age 17 or younger) Legal Guardian Medical Power of Attorney
 Other _____

If you checked a box other than "parent of minor," an explanation of the relationship and any documentation supporting your request must be attached before the application will be processed. We may contact you if additional information is needed.

I understand that:

- Use of *MyChart* is voluntary and I am not required to use *MyChart*.
- *MyChart* is intended as a secure online portal for viewing confidential medical information. It is my responsibility to select a confidential password, to maintain my password in a secure manner (*i.e.*, not share it with anyone), and to immediately change my password if I believe it may have been compromised. I also understand that if I share my username and password with another person, that person may be able to view the patient's medical information.
- *MyChart* contains selected, limited medical information from the patient's medical record and does not reflect the complete contents of his/her medical record. I also understand that this form addresses access only through *MyChart* and does not address access to medical records by other methods or in other formats.
- *MyChart* is provided by Phelps Health as a convenience and Phelps Health has the right to deactivate access to *MyChart* at any time for any reason.
- This request will expire in one year if I do not activate a *MyChart* account in that time.
- "Phelps Health" refers to Phelps Health and its affiliates Phelps Health Medical Group and Phelps Health Homecare.
- If I am no longer a person with legal authority to access the patient's medical information, I must immediately stop using my proxy access through *MyChart*, and I will alert Phelps Health to discontinue my access.

By signing below, I attest that I am a person with the right to access the patient's medical information, and I acknowledge that I have read and understand this *MyChart* Proxy Form and I agree to its terms.

Signature of Proxy: _____ Date: _____ Time: _____



Release of Information: MyChart
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FOR MINOR PATIENTS: If you are the parent/guardian of a child 13-17 years of age who is incapable of participating in his/her own care due to a mental or physical incapacitation and would like access to your child's *MyChart* account, please have your child's established care provider sign and date the statement below.

PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/contiguous treatment relationship with, the patient identified above. I attest that the patient is incapable of meaningful participation in health care decision making and would benefit from a proxy relationship for their *MyChart* account.

Signature of Approving Provider: _____ Date: _____ Time: _____

Name of Approving Provider: _____ Office phone: _____

Office name and address: _____



Release of Information: MyChart
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