

## MyChart Adult Proxy Authorization Release of Information Form

This form is an authorization that will permit Waukesha Memorial Hospital, Oconomowoc Memorial Hospital, their affiliated clinics and other providers who use the ProHealth Care electronic medical record to release your medical information to your designated adult proxy.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### I understand that:

- Authorizing proxy access will allow the person named below access to my personal health information through MyChart. This form does not authorize release of my medical records to my designated proxy by other methods or in other forms.
- If I no longer wish this individual to access my information, it is my responsibility to revoke their access.
- A written request must be made to revoke this proxy access, and any actions taken or accesses made prior to that revocation were authorized as part of the initial signature and date.
- All activities within my MyChart account may be tracked by computer audit, and entries my proxy makes may become part of my medical record.
- Access to a MyChart account is provided as a convenience, and access to my MyChart account may be revoked at any time for any reason, including unauthorized or inappropriate actions made by my proxy.
- Use of my MyChart account is voluntary, and I am not required to use MyChart or to authorize another person (proxy) to access my MyChart account.
- My ability to obtain treatment, payment or other services will not be affected if I choose not to provide proxy access to my MyChart account. However, I also understand that if I do not provide authorization, access to my MyChart record will not be granted to my proxy.
- I authorize the use and/or disclosure of electronic protected health information (“ePHI”) through My Chart as described below.
  - Names or classes of organizations authorized to release the ePHI through MyChart:
    - Waukesha Memorial Hospital
    - Oconomowoc Memorial Hospital
    - ProHealth Care Medical Associates
    - ProHealth Solutions Participants
    - Health care provider using ProHealth Care electronic medical record
  - Description of ePHI to be released: health information available in MyChart
  - The ePHI is being disclosed for my proxy to have a more active role in my health care



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- The authorization permits access to any care provided prior to the date of the authorization as well as any care and treatment provided while the authorization is valid.
- I understand that my proxy will have access to records that may include information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, STDs, HIV test results, developmental disabilities and genetic testing results.
- I understand that once information has been disclosed, the proxy may further disclose my ePHI and it may no longer be protected by federal health law.
- By signing below, I acknowledge that I have read and understand the authorization, and I agree to its terms and grant proxy access to my personal health information via MyChart to the individual named below.

Proxy Name/Relationship: \_\_\_\_\_ Proxy Date of Birth: \_\_\_\_\_

Proxy Address: \_\_\_\_\_ Proxy Phone Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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