

## MyChart Proxy Access Sign-up Form

Name of Proxy: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 SSN# required for proxy access: \_\_\_\_\_

If you are requesting proxy access, please check one of the boxes below. Please note that for all types of proxy access, the patient's chart will be accessed through your MyChart account. If you do not currently have a MyChart account and you are a patient of ProHealth Care or a patient of a provider using the ProHealth Care Epic system, a MyChart account will be created for you as a part of this proxy request. You will have access to your account as well as proxy access as requested below.

- Adult-Adult (Access to another adult's MyChart record)**  
The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Proxy Authorization Form for Release of Information."
- Adult-Child (Access to your minor child's MyChart record)**  
Please note the following age range limitations for MyChart. These age range limitations do not affect any legal right you have to access your child's record by other means.
  - If your child is age 0-12: You will be granted full access to your child's MyChart record.
  - If your child is age 13-17: You will be granted partial access to your child's MyChart record (e.g., appointment scheduling, immunizations). Partial access is due to privacy laws.
  - Once your child reaches age 18, you will no longer have access to your child's MyChart record.
- Legal Guardian (documentation required)**  
Requires a copy of the legal document granting guardianship.
  - Legal Guardian (court order)
  - Power of Attorney for Healthcare (activation)
  - Other \_\_\_\_\_

**Please mail or fax all forms to:**

Health Information Management Identity – Data Integrity  
 N17 W24100 Riverwood Drive, Suite 200  
 Waukesha, WI 53188  
 FAX: (262) 544-9489

**Adult patient's information: (All fields required for adult proxy access. Please print clearly.)**

Complete this section with information about the adult patient whose MyChart record you're requesting to access.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_



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PROXY

**Child's Information: (All fields required for child(ren) proxy access – please print clearly).**

Complete this section with information about your minor child(ren) whose MyChart records you're requesting to access. If you have more than three children for whom you'd like proxy access, please request another form.

A. Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 B. Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 C. Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I understand that:**

- MyChart is intended as a secure online source of my personal health information. If I share MyChart ID and password with another person, that person may be able to view health information about me, or my child's health information and health information about someone who has authorized me as a MyChart proxy.
- 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.
- MyChart contains limited medical information from my medical record and MyChart does not include the complete contents of the medical record. I understand that I can request a copy of a patient's medical record and that I may be charged a fee for such copies.
- My activities within MyChart may be tracked by computer audit and entries I make may become part of the medical record.
- Access to MyChart is provided as a convenience to patients, and ProHealth Care has the right to revoke access to MyChart at any time for any reason.
- Use of MyChart is voluntary and I am not required to use MyChart to authorize another person (proxy) to access MyChart account.
- It is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail is not current I will not receive important messages from MyChart.

**For MyChart sign-up and all types of proxy access:**

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

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_



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PROXY