Adult Full Access Proxy Form

Full Access to Another Adult's MyChart Record

To request access to the MyChart record of an adult whose medical care you are involved in or help to manage(including a spouse or significant other), please complete this form. The patient must sign this form and provide authorization for release of medical information in MyChart on the "Adult Full Access Proxy Authorization for Release of Medical Information" form. Please note that the patient's chart will be accessed through your (the proxy's) MyChart record. Completing this form will establish a MyChart record for you and for the patient.

Return forms to the provider who gave them to you.

Your Information (All sections required – please print clearly.)

This section should be completed by the individual requesting access to another adult's MyChart record.

Name (*last, first, middle initial*) _____ Date of Birth _____

Social Security Number:_____ Email: _____

Street Address: _____ City:_____ State: _____ Zip:_____

Phone Number: _____ Primary Clinic: _____

Patient's Information (All sections required – please print clearly.)

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

Name (*last, first, middle initial*) _____ Date of Birth _____

Social Security Number:_____ Email: _____

Street Address: _____ City:_____ State: _____ Zip:_____

Phone Number: _____ Primary Clinic: _____

MyChart Terms and Agreement

- I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF USE PROVIDED TO ME. The points below are intended to supplement and to reinforce the Terms and Conditions of Use; if there is any conflict between the points below and the Terms and Conditions of Use, the Terms and Conditions of Use control.
- 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 or my child's health information, and health information about anyone else 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 patient's clinic.
- 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.

► **Please remember to complete page 2 of this form.**

Adult Full Access Proxy Form (page 2)

MyChart Terms and Agreement (cont.)

- I understand that access to MyChart is provided by OneChart Providers (as defined in the Terms and Conditions of Use) as a convenience to their patients and that OneChart Providers 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 understand this MyChart Child Proxy Form and the Terms and Conditions of Use and I agree to their terms.

▶ _____ / _____ / _____

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

I acknowledge that I have read and understand this MyChart Adult Full Access Proxy 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.

▶ _____ / _____ / _____

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

Adult Full Access Proxy Authorization for Release of Medical Information

This form is an authorization that will permit Owensboro Medical Health System ("OMHS"), Cooperative Health Services ("CHS"), OMHS Cardiovascular, clinics affiliated/owned by OMHS and CHS, and private practices listed on the Epic Provider Directory (available at http://www1.omhs.org/epic/physicians/provider-list/#Private-Practices) (each a "One Chart Provider" and collectively, the "OneChart Providers") to release your medical information to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her MyChart record. It must accompany the Adult Full Access Proxy Form, which provides the name and information of the individual whom the patient is authorizing to access his or her MyChart record as a proxy. If you do not have an Adult Full Access Proxy Form, please contact your OneChart Provider.

Patient Name (*last, first, middle initial*) _____

Social Security Number: _____ Date of Birth: _____

I am requesting that _____ *(insert name of proxy)* receive access to my health information that is available in my MyChart Record, which might include sensitive personal information, including without limitation information about my mental health, drug and alcohol abuses or addictions, certain sexually transmitted diseases, and information concerning pregnancies, contraception and childbirth. The person whose name appears above in this paragraph is my designated MyChart proxy. I authorize any OneChart Provider to release the health information contained in my MyChart record to my MyChart proxy. I understand that the medical information in MyChart is obtained from my electronic medical record and may include information from all OneChart Providers. I authorize release of any information contained in my MyChart medical record 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 also understand that no OneChart Provider is conditioning 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, no OneChart Provider may provide access to my MyChart record to my designated proxy.

This authorization will expire automatically ten (10) years from the date of my signature. I also may revoke this authorization at any time by providing a written request for revocation to a OneChart Provider. I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

Date: _____ Provider receiving this form: _____

Signature of Patient (or authorized person): _____

Printed Name: _____

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

_____

NOTE: This authorization expires ten (10) years from the date of signature (above). A new Adult Full Access Proxy Authorization for Release of Medical Information form must be submitted at expiration to renew proxy access. You also may deactivate the access of the adult proxy specified above at any time by providing a written request to a OneChart Provider.