

## MyChart Proxy Access Form

- In a proxy relationship, two people are involved. One of these is the person whose chart is being accessed. This person is called the **Patient**. The other is the person who needs access to medical information in order to help manage the care of another. This person is called the **Proxy**.
- You must complete a separate MyChart Proxy Access Form for each patient for whom you are requesting proxy access.
- Completing this form will establish a MyChart record between the patient and the proxy. Patient's charts will be accessed through the proxy's MyChart record.
- **Owensboro Health MyChart is not to be used to communicate or obtain treatment in an emergency.**

**Patient Information** (All sections required - please print clearly)

Patient Name: \_\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Proxy Information** (All sections required - please print clearly)

Proxy Name: \_\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to patient (check one):  Spouse  Parent  Family/Caregiver  Legal Guardian\*\*  
 Durable Power of Attorney for Healthcare\*\*  Other (specify) \_\_\_\_\_*\*\*This request must be accompanied by a copy of legal paperwork verifying the patient's personal representative.*

Type of access being requested (check one):

 Child Access (newborn to age 12): You will be granted full access to your child's MyChart record. Teen Access (ages 13 to 17): You will be granted full access to your teen's MyChart record. Please note that your 13-17 year-old teen must agree to allow you full access to their MyChart record by completing and submitting the MyChart Proxy Access Form. Once your teen reaches age 18 you will no longer have access to your teen's MyChart record. Adult Access (18 and older)

## MyChart Proxy Access Form

**MyChart Terms and Agreement**

Please read carefully. Your acceptance indicates that you have read, understand, and agree to these terms and conditions of use.

- 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 mine 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 and billing information from a patient's medical record and that MyChart does not reflect the complete contents of the medical or billing record. I also understand that a complete copy of a patient's medical record may be requested.
- I understand that if I give birth at Owensboro Health that a portion of my medical records will become part of the newborn medical record.
- 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 Owensboro Health as a convenience to their patients and that Owensboro Health has the right to deactivate my 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.
- I understand that it is my responsibility to terminate my proxy's access to my MyChart account if I no longer wish to allow him/her access to my MyChart information. Proxy access may be revoked via my MyChart account or by submitting a request for revocation in writing.
- I understand that this consent will remain in effect until revoked.

**Proxy Authorization**

By signing below I acknowledge that I have read, understand and agree to the MyChart Terms and Agreement for granting/receiving access to a MyChart account.

► **Signature of Proxy:** \_\_\_\_\_ Date: \_\_\_\_\_  
(Or Representative/Guardian/Parent)

**Patient Authorization**

I hereby authorize Owensboro Health, Inc. to grant access to all of my health and billing information in my MyChart Record to the proxy listed above. I understand that information in my MyChart record may include certain sensitive information regarding HIV, sexually transmitted diseases, drug/alcohol use, mental health, pregnancy, contraception and/or childbirth.

By signing below I acknowledge that I have read, understand and agree to the MyChart Terms and Agreement for granting/receiving access to a MyChart account.

► **Signature of Patient:** \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for patients 13 and older)

**Where to send your request:**

Owensboro Health Regional Hospital  
PO Box 20007  
Owensboro, KY 42304-0007  
Attn: Health Information Management

**Phone (270) 417-6800**

Fax: (270) 417-6809

Email: MyChart.Proxy@Owensborohealth.org