Creation Date: 9/25/13 Revised Date: 11/7/13



Adult-Child/Adult-Adult/Legal Guardian (Non-Agency) MyChart Proxy Access Authorization Form

MyChart Proxy Access allows parents, spouses, adult children, and others to be granted access to someone else's personal health record (MyChart).

<u>Please note that for all types of proxy access, you must access the patient's account that you have proxy access to, using your own MyChart login and password.</u> If you do not have a MyChart account, or are not a current MetroHealth patient, you will receive an account access code upon approval of your proxy request.

Please review the information below regarding MyChart Proxy Access and complete the corresponding form. If requesting proxy access based on legal guardianship, additional document is required.

MyChart Proxy Access:

Adult-Child (Access to a minor child's MyChart record)¹

If your child is age 0-12: You will be granted full access to your child's MyChart information.

If your child is age 13-17: You may authorize your child to have separate MyChart account and you may be granted partial or full access to your child's MyChart information. Partial access, when applicable, is due to the requirements of privacy laws and regulations.

Once your child is 18 or older, you will no longer have access to your child's MyChart information without his/her consent and authorization (see *Adult-Adult Proxy Access*).

If you are not the legal guardian of a child, consent from the child's legal guardian must be obtained in order to be granted proxy access.

Adult-Adult (Access to another adult's MyChart record)

A patient who is legally able to make his/her own healthcare decisions can grant MyChart proxy access to anyone they designate, as long as written consent from the patient is obtained. The patient has the right to revoke proxy access from any individual he or she has designated as a proxy, at any time.

Legal Guardian*

Proxy access authorization for anyone who is not their own legal guardian can be obtained with appropriate documentation. Legal documentation includes documents such as a court order or an appropriate power of attorney. Proxy access will be granted based on verification of the documentation.

Proxy access to a MyChart account for someone who is not their own legal guardian can be granted to someone other than the legal guardian. Written authorization from the legal guardian is required and proxy access can be revoked by the legal guardian at any time. The legal guardian must be present at the time of proxy access authorization and proxy access information must be provided by the legal guardian.

*For agencies as legal guardians, please use Agency as Legal Guardian MyChart Proxy Access Authorization form

Submission Instructions:

Bring the signed authorization form, proper identification, and any additional required documentation to your provider's office or any MetroHealth System clinic. Additional information may be requested from a proxy requestor. A staff member will review the form and verify information regarding the patient and proxy requestor. **All items must be submitted in person with a valid photo ID in order to verify identity.**

¹ Children under 18 who are not emancipated must have a parent or guardian's authorization to create a separate account. It is equally important for parents and guardians to understand that once given a separate account that the child has the technical capability of discontinuing proxy access. In the event that this happens, the parent or guardian must contact the MetroHealth Medical Records department to re-establish proxy access and/or to terminate the child's MyChart access to a separate account. Access to medical records through the Medical Records Department is not in any way altered by MyChart access rights.



MetroH	ealth Staff Use Only: Patient(s) MRN
1)	
2)	
3)	

Please complete the form below. Consent to, agreement with and continued compliance with the terms and conditions of this MyChart Access Authorization is required for all proxy authorizations.

l,	, aı	m requesting MyCha	art proxy access for	the following patient(s):
Name of patient	,	Name of patient	, &	Name of patient
To the following individual(s):				
Name of proxy	/ Relationsh	nip to Patient	Name of proxy	/

For adult and legal guardian proxy authorizations:

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize MetroHealth to release medical information via MyChart to: The Designated Proxy named above.

The following information is to be released: Any and all information is allowed through MyChart.

- I understand that I have a right to revoke this authorization at any time through MyChart Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the MetroHealth Privacy & Information Security Officer at 216-778-5776.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and activation of the *MyChart* Proxy Access feature must occur within 30 days from the date of this authorization.

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Patient's signature/Legal Guardian Signature		Authorized Person's Authority to Sign	Date	
		(parent, quardian, power of attorney, etc.)		

For all proxy authorizations:

MyChart Access TERMS AND AGREEMENT

- 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 someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to main my password in a secure manner, and to change my password if I believe confidentiality may have been compromised in any way.
- I understand that it is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail address is not current I will not receive important message from *MyChart*.
- 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 electronically and that entries I make may become part of the medical record.
- I understand that access to *MyChart* is provided by MetroHealth as a convenience to their patients and that MetroHealth has the right to end access to *MyChart* at any time, for any reason.
- I understand that my 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 Proxy Access Authorization Form and I agree to its terms.

	/	/
Parent/Legal Guardian Signature	Relationship to Patient	Date
MetroHealth Staff Use Onl	v:	