

MyChart® Proxy Record Request and Acknowledgement of Terms and Conditions

Form to be used for:

- Requests for Adult to Adult Proxy;
- Requests for Patients Without Decisional Capacity Proxy;
- Request from Patient Representative or Healthcare Surrogate;
- Requests for Limited Access for Adolescent 12-18 Years of Age; and
- Requests Children Under 12 Years of Age

Proxy Information: (please print clearly)

Proxy Name (*first, middle, last*): _____

Proxy Social Security Number: _____ Proxy Date of Birth: _____

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

Proxy Home Phone Number: _____ Proxy Email address: _____

Proxy Mobile Phone Number: _____ Proxy Relationship to Patient: _____

I am requesting Proxy access to the MyChart® Record(s) of the individual(s) set forth below. In accessing or otherwise communicating through MyChart®, I agree to abide by the guidelines for the MyChart® Patient Portal electronic communication, as outlined below. I understand that MyChart® is not intended for critical or time sensitive communication. I understand that if the individual(s) for whom I have proxy access requires immediate or urgent care, I am to contact 911 or the individual's health care provider ("Provider") directly (NOT through MyChart®). My failure to adhere to the following guidelines may result in limitation of functionality in MyChart®. I agree never to use MyChart® to communicate information related to substance use disorder.

When using MyChart I agree to:

- Contact the health care professional by means other than MyChart for any urgent or emergent situations.
- Never use MyChart to communicate information other than for the relevant patient
- Avoid communication related to chemical dependence, such as alcohol and substance abuse due to Privacy laws.
- Be concise in my communication.
- Avoid using MyChart messaging as a replacement for a phone call consultation or medical appointment.
- Results are immediately released. Reviewing laboratory or imaging results without consultation from a provider may lead to unnecessary concern or inappropriate interpretation.

I understand that the Provider or a designated staff member will:

- Require that I contact the health care professional by means other than MyChart for any urgent or emergent situations.
- Maintain certain activities with MyChart as part of the Provider's medical record.
- Use reasonable and appropriate security practices to protect electronic patient information and prevent unauthorized access (password protection, encryption, authorizations, etc.)
- Share MyChart communications with office staff and other healthcare providers as needed, for continuity of care and where allowed without patient authorization.
- Share all medical and billing information, including laboratory and images results, family history, clinician notes, mental health treatment records.
- Restrict Proxy Access to the MyChart® Record of children 12 to 18 years old which is governed by separate regulations and requires a separate consent by the patient and/or representative if broader access is needed. When a child turns 12, the Proxy's access will automatically be restricted to comply with state and federal privacy laws, until additional authorizations are signed and filed with the healthcare provider.

Proxy Access to MyChart® Record

Please provide the following information for the individual whose MyChart® Record you are requesting to access (request another form to list additional names if necessary). Access to proxy records will occur through your MyChart® Record.

Patient Name (first, middle, last): _____

Patient Last 4 of Social Security Number: _____ Patient Date of Birth: _____

I understand that MyChart® will notify me via email or SMS text that new messages are available in the MyChart® Records to which I have proxy access. Such messages will not contain any additional health information. I hereby request access to the MyChart® Record of the individual(s) set forth above and understand that in order to gain access to MyChart® I will be given a confidential password. I agree to keep it confidential and not to share it with anyone else. I agree to review the MyChart® terms and conditions attached hereto before accessing MyChart® and further agree that any access to MyChart® with my password is subject to such terms and conditions, as those terms and conditions are amended from time to time and accessible at <https://www.franciscanmychart.org>. I understand that any updated terms and conditions in effect will be reviewable to me at the time I sign in to MyChart and I must accept the new terms and conditions before proceeding.

I have read all of the above, asked questions, and received answers concerning areas I did not understand. I agree that if a minor for whom I have proxy access becomes eligible to consent on his or her own behalf that I will notify my Provider, and I will not be entitled to proxy access unless a subsequent consent form is signed by such minor.

Signature of Patient Proxy

Date (Required)

This form should be completed by the proxy requesting access, acknowledging and approving access to medical information in the patients MyChart® record. It must accompany the Adult to Adult MyChart Proxy Access Informed Consent form, which provides the name and information of the individual who the patient is acknowledging and approving access to his or her MyChart record as a proxy.

Internal Use Only: Name of individual processing the request: _____