MyChart

Adult Proxy Form

Access to Another Adult's MyChart Record
To request access to the MyChart record of an adult whose medical care you help manage, please complete this form. The patient must sign this form and provide authorization for release of medical information in MyChart on the 'Adult Proxy Authorization 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.

Forms can either be faxed directly to Medical Records or dropped off at your physician's office. The Central DuPage Hospital Medical Records Department fax number is 630.933.2628; Delnor Hospital Medical Records Department fax number is 630.208.3475.

Your Information (All sections required – please print clearly.)
The section should be completed by the individual requesting access to another adult's MyChart record.

Name (first, middile initial, last) _____ Date of Birth _____

Last 4 Digits of Social Security number _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Primary Physician _____

Patient's Information (All sections required – please print clearly.)
The section should be completed by the individual requesting access to another adult's MyChart record.

Name (first, middile initial, last) _____ Date of Birth _____

Last 4 Digits of Social Security number _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Primary Physician _____

MyChart 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 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 Although MyChart contains limited medical information, individuals with proxy access will have unrestricted access to diagnostic information which may be considered sensitive (i.e., HIV/AIDS, mental health, genetics, pregnancy).
- I understand that access to MyChart is provided by Cadence Health as a convenience to its patients and that Cadence Health has 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 Sign-Up Form, and I agree to its terms.

_____ / _____ / _____
Your (Proxy) Signature **Relationship to Patient** **Date** (required)

I acknowledge that I have read and understand this MyChart Sign-Up 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) **Relationship to Patient** **Date** (required)

CADENCE HEALTH®
Always thinking. Always caring.

cadencehealth.org/mychart

Adult Proxy Form (CONTINUED)

Adult Proxy Authorization for Release of Medical Information
This form is an authorization that will permit Cadence Health to release your medical information to your designated adult proxy. Please read it carefully.

Patient Name (First, middle initial, last) _____

Last 4 digits of 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 Cadence Health MyChart record. This person is my designated MyChart proxy. I authorize Cadence Health 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 Cadence Health facilities. I authorize release of any information contained in my MyChart (EMR) record held by Cadence Health 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 Cadence Health does not condition 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, Cadence Health is not permitted to provide access to my MyChart record to my designated proxy.

This authorization will expire automatically one year from the date of my signature. I also may revoke this authorization at any time by contacting the MyChart HelpDesk at 630.933.2255. For the hearing impaired TTY 630.933.4833. 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 _____ **Primary Physician** _____

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: Authorization expires one year from the date of signature (above). A new MyChart Proxy Authorization Form must be submitted each year to renew proxy access. You also may deactivate the access of the adult proxy specified above at any time through MyChart or by contacting the MyChart HelpDesk at 630.933.2255. For the hearing impaired TTY 630.933.4833.