

MyChart Authorization for Proxy Access

About MyChart

MyChart is an optional service that allows you online access to your personal medical information and the ability to communicate online with your health care providers.

“OhioHealth MyChart” is offered to patients of OhioHealth. “MyChart powered by OhioHealth” is offered to patients of certain independent healthcare providers that are not owned by OhioHealth. When the term “MyChart” is used in this document, it refers to both OhioHealth MyChart and MyChart powered by OhioHealth, unless otherwise indicated.

Requirements and Procedures

This form should be used when an individual would like to gain access to another person's MyChart account (“proxy access”). In order to gain proxy access to a MyChart account, the following must occur:

- The individual seeking to act as a proxy (along with the patient, as applicable) must complete and sign this MyChart Authorization for Proxy Access form.
- The individual seeking to act as a proxy must meet the requirements described in this form.
- The individual seeking to act as a proxy must have his or her own MyChart account. (If the individual requesting access does not have an account, a MyChart Activation Letter with instructions on how to create one will be provided.) A visual indicator will appear to highlight that the proxy is accessing the MyChart record of that person. If the proxy has access to multiple MyChart records through proxy access, the proxy should verify that he/she is viewing the correct record.

If the Patient is a Competent Adult:

- Who May Act as Proxy. The patient may designate any other adult to have proxy access to the patient's MyChart account.
- Who Must Provide Authorization/Signature. The patient must sign this form, authorizing the individual listed to have access to the patient's account.
- Revocation/Termination. The patient may revoke proxy access at any time via the “Revoke Access” option provided in MyChart or by contacting his or her healthcare provider.

If the Patient is an Incompetent Adult:

- Who May Act as Proxy. A person acting as an incompetent patient's representative may designate himself/herself (or another competent adult) to have proxy access to the patient's MyChart Account. A patient's “representative” must be the patient's legal guardian or designated as the patient's durable power of attorney for healthcare, as evidenced by the appropriate legal documentation provided.
- Who Must Provide Authorization/Signature. The patient's representative must sign this form, authorizing the individual listed to have access to the patient's account.
- Revocation/Termination. The patient's representative may revoke proxy access at any time via the “Revoke Access” option provided in MyChart or by contacting the patient's healthcare provider. In addition, in the event that the patient's representative no longer acts in that capacity (e.g., power of attorney revoked), the patient's representative agrees to notify provider's office promptly. Upon such notification, access to the patient's MyChart account will be terminated. In the interim period, the patient's representative agrees to not access the patient's MyChart account and understands that to do so constitutes unauthorized access of private medical information.

If the Patient is a Minor Who is Under Age 14:

- Who May Act as Proxy. A parent or legal guardian may designate himself/herself (or another competent adult) to have proxy access to the patient's MyChart account. A patient's legal guardian seeking access to a patient's MyChart account must provide the appropriate legal documentation.
- Who Must Provide Authorization/Signature. The minor's parent or legal guardian, must sign this form, authorizing the individual listed to have access to the patient's account.
- Revocation/Termination.
- -The patient's parent or legal guardian may revoke proxy access at any time via the “Revoke Access” option provided in MyChart or by contacting the patient's healthcare provider.
- -The parent or legal guardian's access to the patient's full MyChart account will terminate when the patient turns 14 years of age and be replaced by limited access with only the right to create new appointments. If the patient and his or her parent or legal guardian wish to re-establish full MyChart account access, the patient and his or her parent/legal guardian will need to follow the steps described below and complete this form.
- -If the patient advises of his/her status as an emancipated minor, the proxy access of the parent or legal guardian will be terminated.

A minor under the age of 14 may not have an independent account.

If the Patient is a Minor Who is Age 14 or Older:

- Who May Act as Proxy. The patient and his or her parent or legal guardian may designate the parent or legal guardian (or another competent adult) to have proxy access to the patient's MyChart account. A patient's legal guardian seeking access to a patient's MyChart account must provide the appropriate legal documentation.
- Who Must Provide Authorization/Signature. The patient and his or her parent or legal guardian must sign this form, authorizing the individual listed to have access to the patient's account.
- Revocation/Termination. The patient or patient's parent or legal guardian may revoke proxy access at any time via the “Revoke Access” option provided in MyChart or by contacting the patient's healthcare provider.
- -The parent or legal guardian's access to the patient's MyChart account will terminate automatically when the patient turns 18 years of age.
- -If the patient advises of his/her status as an emancipated minor, the proxy access of the parent or legal guardian will be terminated.

In the case of a minor patient, who is age 14 or older, the patient will be permitted to have his or her own MyChart account with a unique log in, and the proxy will access the minor's MyChart account via the proxy's MyChart account.

Under state and federal law, there are certain types of medical information that a parent/legal guardian of a minor patient may not view without consent of the minor patient. **By allowing a parent or guardian proxy access to his or her MyChart account, the minor patient acknowledges and agrees that the proxy will potentially have access to medical information that would otherwise be restricted from disclosure to the parent or guardian.**

Authorization

The patient (or patient's representative or parent, as the case may be) hereby authorizes the disclosure of all medical and billing information about the patient contained in the patient's MyChart account to the person granted proxy access below. The purpose of this disclosure is to allow the person granted proxy access to have on-going access to the medical and billing information of the patient identified below. The patient (or patient's representative or parent, as the case may be) understands that the person receiving proxy access is a not a health care provider or health plan covered by federal privacy regulations and that the information accessed by the proxy could be re-disclosed by such person leaving it unprotected by federal privacy regulations. Patient (or patient's representative or parent, as the case may be) understands that he/she may revoke this authorization in writing at any time, except to the extent that action has been taken by in reliance on this authorization, by using the "Revoke Access" option provided in MyChart or by contacting the patient's healthcare provider. This authorization will expire upon revocation by the patient (or patient's representative or parent, as the case may be) or upon termination of the patient's MyChart account or the proxy's proxy access as further described above. The patient (or patient's representative or parent, as the case may be) understands that he/she is not required to sign this authorization form and that will not condition the provision of treatment or payment on the signing of this authorization.

Additional Instructions and Agreement

Communications on behalf of the patient must be sent from, and responses will be received in, the patient's MyChart account record. MyChart email alerts will be sent to the email address entered in the patient's MyChart account record.

TO BE COMPLETED BY PROXY (INDIVIDUAL REQUESTING ACCESS)

Name:	Social Security #:
Address:	Date of Birth:
Email:	
<p>I have read and understand the requirements and procedures regarding proxy access above. All information I have provided is correct. I understand that:</p> <ul style="list-style-type: none"> • I must have a MyChart account to obtain proxy access to another account. • I must log in to MyChart with <u>my own</u> User ID & Password when utilizing proxy access, and a visual indicator will appear to highlight that I am accessing the MyChart record of the patient I am proxy. If I have proxy access to multiple MyChart records, I should verify that I am viewing the correct record. • I agree to abide by the MyChart Terms and Conditions. • My care provider reserves the right to revoke proxy access to a MyChart account at any time. • MyChart is not to be used to communicate or obtain treatment in an emergency <p>I am requesting proxy access for the patient identified below and I certify that (check one box, as applicable):</p> <p><input type="checkbox"/> I have been granted the Patient's Health Care Power of Attorney</p> <p><input type="checkbox"/> I am the Patient's (circle one): Father / Mother / Legal Guardian</p> <p><input type="checkbox"/> I am the Patient's family/caregiver (describe relationship: _____).</p>	
Signature of Proxy: _____	Date: _____

TO BE COMPLETED BY/FOR THE PATIENT

Name:	Date of Birth:
Address:	
Social Security #:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
<p>The undersigned grants proxy access for the above-named patient's MyChart record to the person requesting proxy access listed above.</p> <p><input type="checkbox"/> Patient is a competent adult. This section must be signed by the patient.</p> <p><input type="checkbox"/> Patient is an incompetent adult. This section must be signed by the patient's representative.</p> <p><input type="checkbox"/> Patient is a minor under age 14. This section must be signed by the patient's parent or representative.</p> <p><input type="checkbox"/> Patient is a minor 14 years of age or older. This form must be signed by the patient's parent or representative AND the patient. The minor acknowledges they have read this form and the Terms & Conditions and understands that the minor's parent/guardian will potentially have access to medical information that would otherwise be restricted from disclosure to the parent/guardian.</p>	
Signature of Patient : _____	Date: _____
Signature of Patient's parent or representative: _____	Date: _____
Relationship to Patient: _____	

****To complete this form, please deliver (in person or by mail or fax) to your physician's office.****