

# MYCHART PROXY ACCESS REQUEST FORM

Patient Information		
Patient Name:	MEDICAL RECORD NUMBER (optional)	
Address:	Date of Birth:	
	/ /	
Proxy Information (Parent, Foster Parent, Legal Guardian/Conservator, Other)		
Proxy Name:	Proxy Date of Birth:	
	/ /	
Previous Name:		
Address:		
( ''		
(either proxy's email address or mobile phone number is REQUIRED to establish proxy access)		
Proxy's email address:	Proxy's Mobile Phone Number:	

## Minor/Child (age 0-11) Proxy Access Terms and Conditions:

- MyChart provides access to a limited set of medical information such as diagnostic test results, medications, allergies, immunizations, and some clinical notes. It does not include the complete contents of the patient's medical record. A request for complete copies of medical records may be requested from the patient's health care provider with proper legal authorization.
- An authorized Proxy has the same access to message providers, request prescription refills, schedule
  appointments, and any other information the patient has access to in MyChart, including access to certain
  medical information which is viewable in the patient's MyChart account.
- Proxy activity within MyChart is tracked by computer audit. Any entries made by the Proxy on the patient's behalf will be identified as such and may become part of the patient's medical record

### Teen Minor (age 12-17) Proxy Access Terms and Conditions:

- Full access to a minor/child's MyChart account automatically converts to limited proxy access at the age of 12, which as required by Washington state law does not include Appointment, Health, or Billing information. For more information, see: neighborcare.org/mychart.
- A teen minor (age 12+) may activate their own MyChart account, giving them access to all MyChart information with the exception of billing.
- If parents/guardians want to access their teen minor's MyChart account, they can be signed up for limited proxy access, which as required by Washington State law limited proxy access includes only:
  - Allergies
  - Family history information
  - Messages sent between the proxy and the care team (proxies will not be able to see messages sent between the patient and the care team)

For more information, see: neighborcare.org/mychart

### Adult Patient (age 18+) Proxy Access Terms and Conditions:

- An authorized Proxy has the same access to message providers, request prescription refills, schedule
  appointments, and any other information the patient has access to in MyChart, including access to certain
  medical information which is viewable in the patient's MyChart account.
- Proxy activity within MyChart is tracked by computer audit. Any entries made by the Proxy on the patient's behalf will be identified as such and may become part of the patient's medical record.

By signing below, I agree to the following:

• I am an adult patient legally competent to grant proxy access to my own protected health information,

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- I am entitled to access the patient's protected health information as their <u>parent</u>, <u>foster parent</u>, <u>or legally appointed guardian or conservator</u>.
- My rights to access the patient's protected health information have not been modified in any manner by any court of law.
- The documents I have provided in support of my right to access the patient's protected health information, if any, are true and correct copies and are the most recent documents related to this matter.

Adult Proxy Access: Adult Patient or Legal Conservator* Signature			
Minor/Child Proxy Access: Parent/Foster Parent/Legal Guardian Signature			
Relationship to patient:			
☐ Self (for adult patients age 18+ only)			
□ Parent			
□ Foster Parent			
□ Legal Guardian/Conservator			
□ Other:			
Print Name:	Date:	Signature:	
	/ /		

Return this completed form and any required supporting documentation to the front desk at your clinic for processing and establishing the proxy's access in MyChart.

Updated March 2024

#### FOR FRONT DESK USE ONLY

Check below ONLY if proxy access was successfully granted in Epic:

☐ SUCCESS