



NAME: _____

Date of Birth _____

MyChart Proxy Access Request Form

Thank you for your interest in MyChart, the electronic medical record portal for M Health Fairview. MyChart lets you (or a parent/custodian for minors) access many parts of your medical record. You can talk with your care team, view your test results, ask for medicine refills and set up appointments.

You can also give someone else access to your records in MyChart. This is called a **proxy**. Your proxy might be a spouse, parent, adult child or someone who helps you manage your health. You must have Internet access and an email address to use MyChart. Once you're set up, you or your proxy can use the secure MyChart website or mobile app.

Adults can grant MyChart proxy access to anyone they choose, or revoke (cancel) access from anyone they choose. **Adult proxy access expires every five (5) years.**

When this form is submitted in person, access codes and the steps to take are given to your proxy, and access is granted right away. When this form is mailed to your clinic, access codes and instructions are mailed to the proxy.

- **For children aged 0-11**, parents or legal custodians will be given full access to the child's MyChart record. This access expires when the child turns 12. Each parent needs to fill out their own form to gain access to the records of their child(ren). A separate form must be completed for each child.
- **If you are a minor aged 12-17**, your care team needs to be involved in giving you and your parent, or legal custodian, access to your full MyChart. If you have full MyChart access, your parent or legal custodian can also be given full access with your permission.
- **For parents or legal custodians of minors aged 12-17**, you will be given limited proxy access to the minor's MyChart record, unless the minor allows full access. If the minor and provider agree to this, you will have access to most private information that the minor may have shared with their care team. This complies with state laws that protect the confidentiality (privacy) of minors who seek treatment for certain conditions. Proxy access expires when the minor turns 18.
- **For foster parents, other legal custodians of minors, or legal guardians of adults**, proof of legal authority is required for proxy access to MyChart records. This proxy access expires when the legal authority ends.

Authorizations to Access Protected Health Information in MyChart

MyChart terms and conditions will be presented to you the first time you log in to MyChart. You must agree to those terms and conditions to use MyChart.

I allow Fairview Health Services and its partners to release medical information through MyChart to my proxy, named on the next page. I ask that you release this information for the following reason:

☐ Personal use ☐ Other: _____

Fairview Health Services MyChart Proxy Access

Please release all information as allowed through MyChart.

- MyChart information includes visit summaries, messages, diagnostic results and health information from care providers using M Health Fairview's shared electronic medical record. These providers are listed at <https://mhealthfairview.org/>.
- If I change my mind, I can tell my care team at any time. I can do this verbally or in writing. This will not apply to records that have already been released. I can also revoke any proxy access in the MyChart app.
- If there's something I don't want shared to MyChart, I will discuss that with my care team.
- To be valid, this form must be completely filled out, signed and dated. A copy that has not been altered is as valid as the original.
- If I do not sign this form, I will still be treated for my health concerns.
- When records are visible to a proxy, M Health Fairview and its partners **cannot** prevent the proxy from releasing your records to a third party.

Patient information (this can be a child 0-11, adolescent 12-17, or adult 18+)

Full Name _____ Medical Record # _____

Address _____ Birth Date _____

Patient Phone _____ Patient Email _____

Proxy information

Name _____ Phone _____

Previous Names _____

Address _____ Birth Date _____

Proxy Phone _____ Proxy Email _____

Relationship to patient (parent, legally authorized custodian, power of attorney, etc.) _____

Is this person a patient at an M Health Fairview or partner clinic? ☐ Yes ☐ No

Signature of Patient or Authorized Person _____ Date _____

Signature of Proxy _____ Date _____

Provider Signature for Minor (12-17) Access _____ Date _____

If the patient did not sign **and** is not under 12, what is the reason patient is unable to sign?

Internal Clinic Use Only:

☐ Check here when proxy setup is complete

☐ Forward signed form to HIM for scanning into the patient's record.

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