



MyChart Proxy Consent Form

Grant/Request Access to Another Individual or Minor Child

The MyChart patient portal provides online access to patient information, which may include problem list, allergies, medications, lab and radiology results, and other clinical documents. By using MyChart this information can be accessed at your convenience.

To request a paper copy of a medical record, contact the HealthEast Release of Information Services at 651-232-4999 or go online to www.healtheast.org to print an authorization form.

To grant/request access to another patient or your child's information, please complete the information below and return to:

HealthEast Release of Information Services (ROI)
 University Park Medical Building, Suite 180
 1690 University Ave. W.
 St Paul, MN 55104

Phone: 651-232-4999

Email: mychartproxy@healtheast.org

Fax: 651-326-1107

<p>Patient Information: (Complete all information. Please print clearly.)</p> <p>Name (last, first, middle initial) _____</p> <p>Date of birth: _____ Phone: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip _____</p> <p>E-mail address: _____</p> <p>Primary Clinic/Provider: _____</p>	<p>MyChart Bedside</p> <p><input type="checkbox"/> Bedside Request</p>
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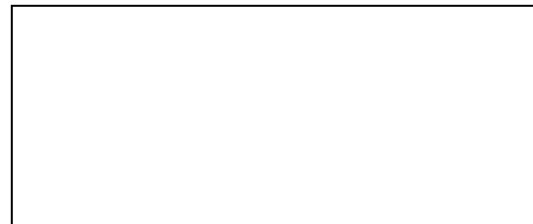
Full access to another adult's information will be granted with written consent from the patient. If the individual has diminished capacity, full access will be granted to the health care agent, or legally authorized representative.

Please note the following age limitations for **access to a minor's** MyChart. These range limitations do not affect any legal right you have to access your child's records by other means.

- If your child is **age 0-11**, parent/legal guardian will be granted full access to the child's MyChart record.
- If your child is **age 12-17**, parent/legal guardian will be granted partial access (immunizations only) to the child's MyChart record
- Once your child reaches 18 years of age, parent/legal guardian will not be granted any access to the MyChart patient record unless the patient consents to access.

<p>Access to be provided to: (Complete all information. Please print clearly.) (This is the person who will be given access to your information or your minor child's information.)</p> <p>Name (last, first, middle initial) _____</p> <p>Date of birth: _____ Phone: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip _____</p> <p>E-mail address: _____</p> <p>Relationship to Patient: _____</p> <p>Are you a patient of HealthEast? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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MINOR PATIENTS age 12-17; please complete this section to grant your parent/legal guardian **FULL** MyChart access.

I _____ hereby understand that with my signature I am granting my parent/legal guardian access to my medical information, including but not limited to: medications, past and future appointments, all messages to and from my provider(s), lab and radiology test results, immunizations and billing information.

Access will expire one year from date signed. Annual signature is required to continue access to information.

Signature of Patient (age 12-17)

Date

MyChart Terms and Conditions for Granting/Receiving Proxy Access

Please read carefully. Your acceptance indicates that you have read, understand, and agree to these Terms and Conditions of Use.

1. I understand that by granting proxy access to a third party, I am allowing that party access to the complete contents of my MyChart record. I understand that granting proxy access to a third party is completely voluntary.
2. If I am a minor child, age 12-17, I understand that by signing this consent form above I am granting my parent/legal guardian access to my medical information, including but not limited to: medications, past and future appointments, all messages to and from my provider(s), lab and radiology test results, immunizations and billing information.
3. I understand that it is my responsibility to terminate my proxy's access to my MyChart account if I no longer wish to allow him/her access to my MyChart information. Termination of proxy access is not immediate. HealthEast will use its best efforts to terminate your proxy's access within ten (10) business days of receiving a written request.
4. I understand that if my proxy shares his/her user ID and password with anyone, or if his or her user ID and password are lost or stolen, unauthorized parties may have access to my MyChart medical information. I understand that it is the responsibility of my proxy to keep his/her user ID and password secure and to change them anytime they believe their security has been compromised. I agree that it is also the responsibility of my proxy to log out of active MyChart sessions and take appropriate precautions when accessing MyChart from his/her home, business, or public computer and when printing or copying any MyChart medical information.
5. I understand that my proxy will receive an email notification any time new information is available in my MyChart. The notification itself does not contain any medical information; however I understand that if I do not want others to see the notification, it is my responsibility to notify my proxy so he/she can take appropriate precautions.
6. I understand that my proxy's activities within MyChart may be tracked by computer audit and that any entries and messages may become part of the medical record.
7. I understand that access to MyChart is provided as a convenience to patients and that HealthEast has the right to deactivate my access or my proxy's access at any time for any reason or for no reason.
8. I understand that my use of MyChart is voluntary and that I am not required to use MyChart.
9. I hereby agree to waive any and all claims or causes of action against HealthEast, its affiliated entities, their officers, directors, employees, and agents that are in any way related to my proxy's use of MyChart.
10. I understand this consent will remain in effect until revoked in writing. If I am a minor child age 12-17, consent will expire one year from date signed.

By signing below, I acknowledge that I have read, understand and agree to the terms and agreements for granting/receiving access to a MyChart account.

Signature of **Patient**
(Required for patients age 12 and older)

Date

Signature of **Parent/Legal Guardian**
(or authorized person)

Relationship to patient

Date

Please allow 5-10 business days for processing. You or your proxy will receive a letter with the access code. The access code will be valid for 14 days. You will need the access code to log into the account. It should not be shared with anyone.

Internal Use Only

Date received: _____ Staff Name processing: _____
ID verified: Yes No Letter to patient (date): _____ Letter to proxy (date): _____