Tomah Health
TOGETHER IN CARE

Mychart Proxy Authorization

I understand that MyChart is an Internet application that supports patient access to portions of the electronic healthcare record, electronic communications and other online services. I understand that MyChart is **NOT** to be used in an emergency.

I understand that authorizing proxy access will allow the person named below access to my protected health information or the protected health information of my minor child or the protected health information of an individual I am legally authorized to consent on their behalf (e.g., personal representative, legal guardian, activated POAHC). This authorization permits access to any care provided prior to the date of the authorization, as well as any care and treatment provided while the authorization is valid. I understand that the proxy will have access to the following information; this may include, but is not limited to:

- Test results, including laboratory, radiology and pathology
- Notes, including Behavioral Health and Behavioral Health Specialty (Substance Use Disorder)
- Ability to communicate to the provider's care team regarding care and treatment through MyChart
- Ability to review and request appointments
- Request renewals on prescriptions
- View summary information about medical history

The reason for this access authorization is for the proxy to play a more active role. I understand that additional information may be made available to the proxy through MyChart as this application advances. I understand that all activities within MyChart are tracked and messages the proxy submits shall become part of the permanent medical record. I understand that MyChart is optional/voluntary and that the provider has the right to deactivate access to MyChart for unauthorized or inappropriate actions made by the proxy. I understand that by inviting this person to access the record, I am providing Tomah Health documentation of my authorization to provide proxy access to MyChart.

Right to Receive a Copy of this Authorization: I have a right to receive a copy of this authorization after I sign it. **Right to Refuse to Sign This Authorization:** I understand that I may refuse to sign this authorization and my refusal to sign will not affect my ability to obtain treatment. **Right to Revoke This Authorization:** I have the right to revoke this authorization at any time by providing a written statement of revocation to Tomah Health's Medical Records Department. My revocation will not be effective until the Tomah Health's Medical Records Department receives it and will not be effective regarding the uses and/or disclosures of the protected health information made prior to receipt of my revocation statement. **Re-disclosure:** I understand that the protected health information may be redisclosed by proxy and thus, no longer protected under the Privacy Rule. **Right to Inspect and/or Copy of My Protected Health Information:** I have the right to inspect and receive copies of the protected health information as permitted by law.

Having read this authorization, I hereby agree to abide by the terms of this agreement and grant proxy access to protected health information via MyChart to the individual named below.

Proxy Name/Relationship:_____ Proxy Date of Birth:_____

Proxy Address:_____ Proxy Cell Phone: (___)_____

City/State/Zip:_____ Proxy Email:_____

I understand that this authorization will expire within two years, unless otherwise specified.

Expiration Date: 6 months 12 months 18 months 24 months (Please circle the expiration time frame.)

Signature of Patient:_____ **Date**:_____

(If signed by authorized person, state relationship and authority to do so.)